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ABSTRACT

This five-part manual was designed to help volunteer instructors in Northern Virginia Community College's College for Living Program to conduct survival and socialization courses for handicapped adults. After introductory material summarizing general principles and specific suggestions, Robert Templin provides information on the skills and techniques needed for working with adult learners. He outlines differences between children and adults as learners, the characteristics of adult students, nine principles of adult learning, and the stages of presenting an effective adult education program. He also discusses learning objectives, activities designs, and aids inventories as planning tools: instructional materials and techniques appropriate for adult learners (e.g., audience reaction teams, brainstorming, buzz sessions, case studies, etc.), and four evaluation instruments. Each of the next four sections is devoted to one of four disabilities being addressed by the College for Living: developmental disabilities, hearing impairments, orthopaedic impairments, and visual impairments. Each section provides information on the particular disability, defines terms, and provides general and specific suggestions for classroom techniques, for dealing with teaching situations, for establishing rapport with the students, and to increase instructors' sensitivity to the handicapping condition. Each concludes with a bibliography and supportive appendices. (AYC)

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College for Living

Instructor's Manual

Prepared by

Dr. Robert G. Templin, Jr.
Terry D. Morlock
Gerard J. Arsenault
Michael Cahak, Sr.

Division of Public Services,
Gallaudet College

COLLEGE FOR LIVING

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College for Living: Continuing Education for the Handicapped
Title I, Higher Education Act of 1965
Grantee Institution - Northern Virginia Community College

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1979

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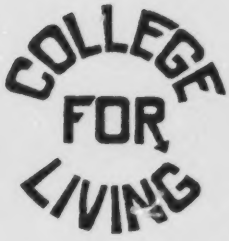
March, 1979



College for Living: Continuing Education for the Handicapped

Northern Virginia Community College: Grantee Institution

This manual has been prepared in conjunction with the Title I project, College for Living: Continuing Education for the Handicapped. It is designed to assist volunteer instructors in conducting survival and socialization courses for adults who are developmentally disabled, hearing, visually, or orthopaedically impaired.

The manual is divided into five sections. The first will provide volunteer instructors with information on the skills and techniques of working with adults. The following sections, one devoted to each of the four disabilities being addressed by the College for Living, will provide volunteer instructors with knowledge of and sensitivity to the four handicapping conditions. A bibliography accompanies each section.

Volunteers throughout the Northern Virginia area have been trained to conduct survival and socialization courses for developmentally disabled, visually impaired, hearing impaired, and orthopaedically impaired adults. The purpose of the program is to increase continuing education opportunities for handicapped adults in institutions of higher education.

The grant establishing this project was awarded to Northern Virginia Community College by the State Agency for Title I, under the Higher Education Act of 1965. The program, however, is a cooperative effort involving member institutions of the Consortium for Continuing Higher Education in Northern Virginia--George Mason University, Marymount College of Virginia, Northern Virginia Community College (all campuses), the University of Virginia, and Virginia Polytechnic Institute and State University--and over 35 agencies and organizations which provide services to the handicapped.

For additional information, call or write:

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Marymount College of Virginia
Northern Virginia Community College (all campuses)
University of Virginia
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American Alliance for Health, Physical Education and Recreation
Arlington Adult Activity Center
Arlington County Public Library
Arlington County Public Schools
Charles County Public Schools
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INSTRUCTOR'S MANUAL

Introduction

Experienced instructors will have little difficulty adjusting to teaching the handicapped. Generally, the teacher will follow normal classroom procedures. However, there are some suggestions which should make adjustment to this special teaching easier, and this manual is a compilation of such suggestions.

This introduction is intended as an overview of general and specific points which will be developed at length in the subsequent sections.

I. General Principles

A. Things to Avoid

1. Don't adopt the role of psychological counselor.

--The participants will have gone through a rehabilitation program which included adjustment counseling. Instructors could cause problems for the students by offering psychological advice which runs counter to that given by the rehabilitation program.

2. Don't show surprise at the handicapping condition.

--The handicap or the prosthetic device could cause surprise or shock for the unwary. Be mentally prepared to act as you usually do.

3. Don't show sympathy beyond normal, natural solicitude.

--The urge to compensate for the handicap can betray the inexperienced into words and motions which could be misinterpreted by the participant.

4. Don't allow dependency to develop.

--A major program objective is to help the handicapped become independent. The natural tendency to compensate for the difficulties of the handicap can lead easily to an unhealthy dependency which could inhibit development of the desired independence.

B. Things to Do

1. Become familiar with the major handicapping conditions (described later in this manual).

2. Become familiar with typical behavior patterns of the handicapped (also described later in this manual).

II. Specific Suggestions

A. Prepare carefully before class sessions.

1. Type your notes and give copies to participants, if possible.

--Often students will have difficulty taking notes and will need every help you can offer.

2. Provide a full course outline.

--This might have to compensate for missed classes.

3. Check the visual aids.

--See that the equipment has been set up.

--See that the equipment works.

--See that there are sufficient electrical outlets.

4. Learn the lay-out of the College, and know the following:

--The locations and sizes of the entrances.

--The best parking spaces.

--The best wheelchair routes.

--The locations and sizes of elevators.

--The locations and structures of restrooms.

--The closest accessible phones.

--The locations and quality of food and drink.

5. Be sure the classroom is adequate for your needs.

--There should be space for expected wheelchairs or seeing-eye dogs.

B. Follow well-organized classroom procedures.

1. Give your name and qualifications to the class.

2. Tell the students how they may contact you.

3. Describe clearly what you hope to accomplish.
4. Speak only when you are facing the class.
5. Allow for questions and comments from the participants.
6. Devise good evaluation procedures.
7. End class promptly at the designated time.

PRESENTING EFFECTIVE PROGRAMS FOR ADULT LEARNERS

By Dr. Robert G. Templin, Jr.,
Piedmont Virginia Community
College and the University
of Virginia

I. Presenting Effective Programs for Adult Learners

A. Differences Between Children and Adults as Learners

There are learning differences between adults and children. These occur as a result of changes in self-concept, experience, readiness to learn and one's orientation to learning.

1. As a person grows and matures, his self-concept moves from the total dependency of infancy to the increasing self-direction of an adult.

   When he reaches maturity, he develops a psychological need to be perceived as a self-directed individual, and when he is confronted with a situation which does not permit self-direction, tension between his self-concept and the situation occurs giving rise to resentment and resistance. In a learning environment such tension is bound to interfere with learning.

2. A child identifies himself largely through external definers such as who his parents are, where he lives, or where he goes to school. With maturity the individual increasingly defines who he is by his experience. To a child experience is something that happens to him.

   To an adult, experience is who he is, and in a learning situation, any teaching activity that ignores or devalues his experience is perceived to do the same to him.

3. The readiness of a young child to learn is usually a function of his physiological development. He learns to use the toilet, walk, talk, read, manipulate symbols, and form concepts as he grows.

   As the individual matures, his readiness to learn is less the product of his physiology and more the product of the developmental tasks required for the performance of evolving roles in society.

   He is ready to inquire into areas of content as he confronts problems associated with these developmental tasks and the performance of his roles as a worker, a spouse, a parent, an organization member, and a leisure-time user.

4. The child's orientation to learning is from a different time perspective than that of adults. To him learning is perceived to be in preparation for something. Consequently, his learning experiences are subject-matter centered since it is presumed to be useful at sometime in the future. The adult's time perspective is now, and he wants to learn that which can be applied immediately. His reason for desiring to participate in a learning experience is often the fact that he has experienced some inadequacy in coping with a problem, and, his learning experiences tend to be problem-centered rather than subject-matter centered.

B. Characteristics of Adults as Learners

Adults in learning situations have a number of characteristics which should be considered in planning the learning experience.

1. Adults are people who can learn and change, but they learn in different ways and at different rates. Given enough time and exposure to appropriate learning experiences, most adults can achieve mastery of a subject. This implies that what might work in helping one person or group may not work at all with another.

2. Adults are people who have a good deal of first-hand experience. Effective adult programs will tap the participants' experience as a learning resource, and be a source of new experiences for them.

3. Adults are people who have set habits and strong tastes. Those who plan programs for adults should be sensitive to their habits and tastes, and accommodate as many of them as possible.

4. Adults prefer to be self-directing, so adult programs should be designed to promote self-direction and responsibility.

5. Adults are people who have decisions to make, problems to solve, and things to do. Effective adult programs are problem-centered and task-oriented.

6. Since adults constantly make decisions, some decisions occasionally result in failures or negative experiences. It is especially important that effective educational programs should be positive experiences and are concerned with gains rather than exposing weaknesses or inadequacies.

7. Adults are people who resist changing their established ways of viewing the world. Effective adult programs help adults cope with needed changes and provide them with a supportive environment.

8. The educational backgrounds of adults vary widely from individual to individual. Many have had less than happy experiences in learning situations, and they have strong feelings about them. To offset these feelings, plans should incorporate opportunity for success and successful application.

9. Adults tend to be more sensitive to the physical environment of the learning situation. If they are uncomfortable, they will frequently pay more attention to their discomfort than to the subject matter being presented. Therefore, seating should accommodate full-sized people and be as comfortable as possible. Lighting should be bright and shadow free, breaks should be scheduled frequently in long presentations, and the temperature in the learning environment should be carefully controlled.

10. In any group of adults, there will be a wide range of knowledge about the subject at hand. Many will be well enough informed to make a significant contribution to the presentation, and/or invaluable in promoting discussion and posing intelligent questions. In any case, the ideas of group members should be effectively used to enliven and stimulate interest in the presentation.

C. Principles of Adult Learning

Certain principles of learning should be considered when planning a program for adults. They will learn best when:

1. They feel a need to learn.

2. They perceive the goals of a learning experience to be their goals.

3. They accept a share of the responsiblity for planning and operating a learning experience.

4. They are active participants in the learning process rather than passive recipients.

5. The learning process is related to and makes use of their experience.

6. They can make application and practice what they are learning.

7. They receive feedback regarding their performance.

8. They have a sense of progress toward their goals.

9. The learning environment is physically comfortable; their individual differences are recognized and accepted; there is mutual helpfulness, trust, and respect; and they are able to freely express themselves.

D. Stages of Presenting an Effective Adult Education Program

There are three stages to presenting an effective adult education program: planning, conducting and evaluating.

1. Planning is the first stage, and provides the rationale and direction needed to develop a successful program.

   a. A good plan answers the questions:

      1) Why should there be any program? To solve an identified need? To satisfy a curiosity? To solve a particular problem?

      2) Who are the potential persons for whom a program would be intended? What are they like?

      3) What is it that potential participants should know, feel, and/or be able to do as a consequence of the program? What learning should occur in order for participants to be able to meet their needs, satisfy their curiosities, or solve their problems?

      4) Where will the program be presented?

      5) When is the program to be presented? How much time is required to achieve the "what"?

      6) How are activities to be designed and conducted so that the "what" will be achieved?

   b. A good plan is constructed by:

      1) Diagnosing learning needs--this answers the questions "why" and "who."

      2) Formulating program goals and stating learning objectives--this answers the question "what."

      3) Designing learning activities that will facilitate learning objectives--this answers the questions "when," "where," and "how."

2. The second stage is conducting the program. Conducting an effective program is more than simply transmitting information to the participants. A good program leader implements the program in accordance with principles of adult learning:

   a. To set an effective climate for learning, see that the room and seating facilities are comfortable; an atmosphere of mutual helpfulness, trust, and respect is set; freedom of expression is encouraged; and acceptance of individual differences among the persons in the group is demonstrated.

   b. The person conducting the program should validate the learning objectives and activities by involving the participants in planning. Adults learn best when they feel a need to learn; they perceive the goals of a learning experience to be their goals; and they accept and share responsibility for planning and operating a learning experience.

   c. Present the learning experience, keeping in mind that adults learn best when they are active participants in the learning process; the learning process is related to and makes use of their experience; and they can make application and practice what they are learning.

3. The third and last stage of the process is evaluation. It provides information regarding the program's effectiveness.

   a. There should be continuous monitoring of the participants' progress toward their accomplishment of the objectives coupled with feedback so they know how they are performing.

   b. The presenter should also monitor his own effectiveness as a program leader in both the development and presentation stages of the program. He should seek direct and indirect feedback from the participants concerning his performance in helping them achieve their learning objectives.

   c. There should be a final review of the entire program to determine how the presenter and the participants rate the program's effectiveness. They should seek to learn what methods and activities contributed most to the participants' learning, and what can be done to make the program more successful, if and when it is offered again.

II. Planning, Conducting, & Evaluating Materials

PLANNING TOOLS

General and Specific Learning Objectives
Learning Activities Design
Aids Inventory

METHODS & TECHNIQUES OF CONDUCTING ADULT LEARNING ACTIVITIES

Audience Reaction Team
Brainstorming
Buzz Session
Case Study
Colloquy
Discussion Group
Interview
Lecture or Speech
Listening Team
Panel
Question Period
Role Playing

EVALUATING INSTRUMENTS

Session Evaluation: Participant Feedback Type I
Session Evaluation: Participant Feedback Type II
Session Evaluation: Group Process Assessment
Overall Program Evaluation: Participant Feedback

GENERAL AND SPECIFIC LEARNING OBJECTIVES

Problem Area or DESIRED IMPROVEMENTS	Group:
Learning Needs and/or Interests	
General Learning Objective (GLO)	
Specific Learning Objectives (SLO) SLO #1	
SLO #2	
SLO #3	
SLO #4	
SLO #5	
SLO #6	
SLO #7	
SLO #8	

WORKSHEET 2

LEARNING ACTIVITIES DESIGN

Workshop	Group:	Dates:	Location:

Time	Activity	Events (full description of each step in workshop activities)	SLO #

CONTENT AIDS

Need

1. Printed Materials
( ) books
( ) articles
( ) summaries
( ) other_____
2. Prepared Visuals:
( ) flip charts
( ) posters
( ) overhead plates
( ) slides
( ) films
( ) video cassettes
( ) other_____
3. Prepared Audio:
( ) tapes
( ) records
( ) other _____

Need

4. Equipment
( ) overhead projector
( ) movie projector
( ) slide projector
( ) tape player
( ) record player
( ) video tape player
( ) other_____
5. Packaged Materials:
( ) games
( ) simulations
( ) programmed learning
( ) other_____
6. Demonstration Materials:
( ) models
( ) tinker-toys
( ) other _____

STAFF AIDS

Need

( ) blackboard
( ) chalk
( ) erasers
( ) newsprint pads
( ) felt pens
( ) easels
( ) cork board
( ) flannel board
( ) magnetic board
( ) scissors
( ) small hammer
( ) screwdriver
( ) pliers
( ) typewriter
( ) typing paper
( ) mikes
( ) lecturn
( ) direction signs
( ) band-aids
( ) music for climate, e.g., tapes, records, etc.

Need

( ) magazines
( ) pointers
( ) clip-boards
( ) tablets
( ) pencils
( ) pencil sharpener
( ) name tags
( ) paper punch
( ) masking tape
( ) transparent tape
( ) rubber bands
( ) ruler
( ) stapler
( ) staple remover
( ) thumb tacks
( ) small nails
( ) copies of Workshop Staff Packet
( ) aspirin
( ) other_____

PARTICIPANT AIDS

Need

( ) pencils
( ) tablets
( ) pencil sharpener
( ) paper clips
( ) notebooks
( ) paper punch
( ) scissors
( ) stapler
( ) clip-boards
( ) lap boards

Need

( ) name tags
( ) place cards
( ) instructions
( ) handouts
( ) water pitchers
( ) glasses
( ) ashtrays
( ) aspirin
( ) band-aids
( ) other_____

AUDIENCE REACTION TEAM

The audience reaction team is a team of three to five members of the audience who react to a speaker or other resource person. They may interrupt the speaker to seek immediate clarification of points that are not clear, and otherwise assist the speaker in meeting the needs of a specific audience.

The Audience Reaction Team May Be used:

1. To aid communication when the subject matter is likely to be difficult to understand.
2. To provide feedback from audience to speaker, and get the views of the audience represented when the audience is large.

Some Advantages:

1. It makes possible effective use of a speaker who otherwise might not effectively communicate with the audience.
2. By being formally represented on the program, interest may be stimulated among audience members.
3. It is fairly easy to organize.

Some Limitations:

1. A speaker may object to the implication that he may be a poor communicator, or to the interruptions during his presentation.
2. The role of the majority of the audience is passive.
3. Some members of the team may overparticipate while others may be too timid to do the job asked of them.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speakers in comfort.
2. A stage or a slightly raised platform large enough for a speaker's rostrum, chairman, and members of the reaction team.

Procedure:

1. The chairman or moderator introduces the topic and describes the technique that is to be used, including an explanation of how the reaction team functions and some reasons for using it.
2. The chairman or moderator introduces the speaker to the audience with brief remarks as to his position, his experience, and his special qualification for this particular appearance.
3. The team reacts at appropriate times.

Brainstorming is a technique where creative thinking takes precedence over the practical. The idea is to get out before the group all ideas possible, with no thought to how practical the ideas might be. The participants are urged to be as "free wheeling" and uninhibited as possible.

Brainstorming May Be Used:

1. To get as many new and novel ideas as possible before the group for evaluative discussion.
2. To encourage practical-minded individuals to think beyond their day-to-day problems and to think quantitatively instead of qualitatively.
3. To move out on a problem when the more conventional techniques have failed to come up with a solution.
4. To develop creative thinking.

Some Advantages:

1. Many people are thrilled at the freedom of expression inherent in brainstorming.
2. Solutions to previously insoluable problems can be discovered.
3. All members of the group can be encouraged to participate.

Some Limitations:

1. Many individuals have difficulty getting away from the known practical.
2. Many of the suggestions made may not be worth anything.
3. In the evaluation session it is necessary to criticize the ideas of fellow members.

Physical Requirements:

1. A meeting room with a chalkboard or other surface on which the ideas produced can be written hurriedly and preserved for the follow-up discussion period.
2. A conference table or semicircle arrangement to expedite discussion following the brainstorming.

Procedure:

1. The chairman explains the procedure to be used, and a recorder is selected to list the suggestions.
2. As ideas are thrown out, they are recorded in public view.
3. The ideas are discussed to determine if any have practical application to the problem at hand.

The buzz session is a technique for involving every member of a large audience directly in the discussion process. The audience is divided into small groups (5 to 7 members) for a limited time (5 to 7 minutes) for discussion to which each member contributes his ideas.

The Buzz Session May Be Used:

1. To develop questions for a speaker or panel.
2. To discover areas in which the group would like more information or further study.
3. To discover areas of special interest for future programs.
4. To evaluate a meeting, in terms of its value to the participants.

Some Advantages:

1. Provides a source of fresh ideas of real interest to the group.
2. When used in planning, it promotes individual identification with the program and its goals.
3. It gives everyone a chance to participate without having to get up in front of the full meeting.

Some Limitations:

1. The amount of individual participation is restricted by time.
2. Contributions of the several groups may be contradictory or difficult to combine.

Physical Requirements:

1. Movable chairs facilitate quick organization of buzz groups. In an auditorium with fixed seats, the first three in the front row turn and face the three sitting behind them in the second row. The next three face those behind them, etc.
2. Cards and pencils to be distributed quickly while or before the groups form.

Procedure:

1. The Chairman assigns limited and specific objectives to the buzz groups. Directions must be clear and explicit. If the audience is unfamiliar with the method, a demonstration group may be formed.
2. Each group designates a leader and a recorder quickly.
3. The leader sees that every member has his say. The recorder makes a written record of each contribution on the card provided.
4. The leader or recorder of each group gives an oral report to the entire assembly.

CASE STUDY

The case study is a detailed account of an event or a series of related events that may be presented to an audience orally, in written form, on film, or in a combination of these forms.

The Case Study May Be Used:

1. To present in detail to a group a problem with which the group is concerned.
2. To present and study the solution of a problem similar to one confronting the group.
3. To teach the problem-solving process.

Some Advantages:

1. Gives a detailed accounting of the case under study.
2. Helps the learner to see various alternative solutions to problems.
3. Helps people develop analytical and problem-solving skills.

Some Limitations:

1. Some individuals may not see the relevance of the case being studied to their own situation or the group's problem.
2. A considerable amount of time and study is often required to develop the study.
3. Some group members are stimulated to overparticipation while others may assume a non-participatory role.

Physical Requirements:

1. Physical requirements vary with the type of presentation. If the case is presented through dramatic acting, a stage area is required. If visual aids are required in the presentation, the room should be suitable for this kind of presentation. If the case study is a written one, a large table and chairs may be all that is nedessary.

Procedure:

1. Materials are put into the hands of the participants in advance if the case study is in written form and to be read before the meeting.
2. Appropriate techniques to use during the presentation and discussion are selected, and parts rehearsed, if necessary.
3. The chairman or moderator introduces the topic, explains what the case study is, and the responsibility of each individual. He then guides the discussion and other activity.

COLLOQUY

The colloquy is a modified version of the panel using six to eight persons--half representing the audience and half serving as resource persons or experts. Time is about equally divided between the two groups.

- The Colloquy May Be Used:

1. To identify and explore a problem or issue.
2. To give the audience an understanding of the various parts of a problem.
3. To weigh the advantages and disadvantages of a course of action.

Some Advantages:

1. Provides audience representation and feedback from audience to expert.
2. Permits presentation of various sides of an issue.
3. Variety of speakers and presentations stimulates interest of members of the audience.

Some Limitations:

1. Difficult for the moderator to hold the participants to the topic under discussion.
2. Audience members are in primarily a passive role.
3. Some members may want to "hog the show."
4. Extreme difference of opinion among the group may block progress toward a solution.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speaker in comfort.
2. A stage or platform large enough to seat the group in comfort along a table facing the audience, with moderator in the center.
3. Microphones located so all speakers may be heard from where they are sitting.

Procedure:

1. Participants are briefed on the technique and their responsibilities.
2. Moderator introduces all participants, and guides the discussion.
3. Questions may be received from the audience as time permits.

DISCUSSION GROUP

A group of persons meet together to discuss informally and deliberate on a topic of mutual concern.

The Discussion Groups May Be Used:

1. To develop a nucleus of leadership for community service or informal education.
2. To identify, explore, and seek solutions for problems and to develop plans or action.
3. To change attitudes through discussion and the examination of information.

Some Advantages:

1. Group discussion permits full participation.
2. It can establish consensus democratically.
3. It pools the abilities, knowledge, and experience of all to reach a common goal.

Some Limitations:

1. Group discussion is time consuming, particularly if the group includes persons of widely different backgrounds.
2. A bossy leader or a few members may dominate the discussion.

Physical Requirements:

1. The group is usually seated around a large table (or tables arranged in a rectangle). Face-to-face discussion is essential. An informal and relaxed atmosphere will permit free discussion.

Procedure:

1. Should be governed by the group itself. Generally, the leader will preside and moderate the discussion.
2. A group may meet as long and as often as is necessary and convenient.
3. A change of leaders may be made to utilize special individual abilities. For example, different leaders may be used in the deliberative, planning, and action phases of the group's work.
4. The group may appoint a recorder to keep track of its deliberations and to report on its progress from time to time.

INTERVIEW

An interview is a presentation in which one or more resource persons respond to questioning by one or more interviewers.

The Interview May Be Used:

To explore a topic in depth where a more formal presentation is not desired by either resource expert or audience.

Some Advantages:

1. The presentation is less formal than a speech or lecture.
2. The audience is represented by the interviewer.
3. There is some insurance that the discussion will follow the interests of the members of the audience.
4. Many resource persons shy away from formal presentations.

Some Limitations:

1. The role of the audience is basically passive.
2. Interviewer must know the subject, audience desires, and the technique of interviewing.
3. Talking to both audience and the other person or persons making the presentation is sometimes an awkward arrangement.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speakers in comfort.
2. A platform or stage large enough to hold all participants.
3. Microphones located so all speakers may be heard from where they are sitting.

Procedure:

1. The interviewer and resource person discusses the overall topic to be discussed, and agree on the general line of questioning.
2. The interviewer asks the resource person questions designed to explore various aspects of the topic, and improvises questions designed to explore various aspects of the topic, and improvises questions as the interview progresses.
3. Questions from the audience may be used at the end of the interview.

Similar Methods and Techniques:

The panel and the colloquy have similar seating arrangements, but the interview does not have a separate moderator. Instead, the interviewer serves in this capacity.

LECTURE OR SPEECH

A lecture is a carefully prepared oral presentation of a subject by a qualified expert. It is usually rather formal.

The Lecture or Speech May Be Used:

1. To present factual material in a direct and logical manner.
2. To present one point of view on a controversial subject.
3. For accounts of travels or personal experiences.
4. To entertain or inspire an audience.
5. To stimulate thinking and further study on a problem and to open the subject for general discussion.

Some Advantages:

1. It is suitable for audiences of any size.
2. It is easy to organize.
3. Some people can learn more easily by listening than by reading.

Some Limitations:

1. Good speakers informed on subjects of interest to your group may be hard to find. Experts are not always good speakers.
2. The role of the audience is passive.
3. Its effect on the audience is difficult to gauge. Feedback is limited.
4. Only one side of a question is presented with little chance for challenge or rebuttal.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speaker in comfort.
2. A stage or a slightly raised platform and a speaker's rostrum.

Procedure:

1. The chairman should introduce the speaker to the audience with brief remarks as to his position, his experience, or special qualification for this particular appearance.
2. If visual aids such as films, slides, maps, charts, etc. are to be used, they should be appropriate to the subject, to the audience, and so used as to heighten audience interest, not distract their attention.
3. At the conclusion of the prepared lecture the chairman should thank the speaker, and call for question period, discussion, or whatever has been planned as follow-up.

LISTENING TEAM

A listening team listens, takes notes, and questions or summarizes at the close of a presentation. The team is often thought of as the representatives of the audience and is created to provide interaction between speaker and audience.

The Listening Team May Be Used:

1. To take notes and question a formal speaker or symposium participant.
2. To listen, evaluate and question a group participating in informal discussion.

Some Advantages:

1. The team identifies the issues, questions, problems, and opinions developed by the participants.
2. The summary or repetition at the end of a presentation aids recall of the important points presented.
3. There is audience participation or representation in formal situations.

Some Limitations:

1. Persons selected for the team must be quite knowledgeable of the subject being discussed, with no biases or axes to grind.
2. The team may not represent or accurately reflect the views of the majority of the audience.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speakers in comfort.
2. A stage or platform large enough to hold all participants.
3. Seats and table for writing near the speaker.
4. Microphones located so all speakers may be heard from where they are sitting.

Procedure:

1. The procedure is discussed by speaker and other participants.
2. The listening team is selected and given instruction as to their role as a listening team.
3. The audience is told of the listening team and its function.
4. Team members individually take notes during the presentation.
5. The listening team reports.

PANEL

The panel is a group of four to eight persons with a special knowledge of the subject holding an orderly conversation on an assigned topic in full view of the audience.

The Panel May Be Used:

1. To identify and explore a problem or issue.
2. To give the audience an understanding of the various parts of a problem.
3. To weigh the advantages and disadvantages of a course of action.

Some Advantages:

1. The panel establishes informal contact with the audience.
2. Frequent changes of speaker and viewpoint which interest audience and stimulate discussion.

Some Limitations:

1. The panel may not cover all aspects of the problem or may overemphasize one aspect.
2. The subject may not be considered in logical order.
3. Extreme difference of opinion among the panel may block progress toward a solution.
4. To keep the discussion moving may require a skilled moderator.

Physical Requirements:

1. Adequate seating so that every member of the audience may see and hear the speakers in comfort.
2. A stage or platform large enough to seat the panel in comfort along a table facing the audience.
3. Microphones located so all speakers may be heard from where they are sitting.

Procedure:

1. The panel members are introduced by the moderator. Each may make a short statement (not more than five minutes) before the exchange of ideas and comment begins.
2. The panel may be used to develop a subject introduced by a film or short lecture. It may be followed by a forum in order to broaden discussion and involve the audience.

QUESTION PERIOD

The question period is an organized follow-up session to a formal presentation in which members of the audience direct questions to program participants.

The Question Period May Be Used:

1. To get the total audience involved in the activities.
2. To call for clarification of points made in the formal presentations.
3. To give members of the audience an opportunity to ask for information of interest to them and not covered by the speakers.

Some Advantages:

1. Provides a feedback link between speakers and audience in presentations, and provides for some audience participation.
2. Gives a reflection of audience agreement with the speakers.
3. Encourages the members of the audience to pay close attention to the remarks of the speakers.
4. Psychologically, it is good for the members of the audience to know they have the opportunity to participate, but do not have to do so.

Some Limitations:

1. If the group is large, even with portable microphones, it is physically difficult to handle questions and answers so all can hear.
2. Time for the question and answer period is usually limited, and it is often treated as an incidental part of the overall program.
3. The period comes at the close of the session when audience members are often tired or anxious to adjourn the meeting.
4. A few members of the audience may dominate the discussion.
5. Many members are timid and will not participate in such a meeting.

Physical Requirements:

1. Roving or portable microphones if the group is large.
2. Writing materials if questions are to be submitted in written form.

Procedure:

1. Program director discusses with program participants to secure approval for question period.

ROLE PLAYING

In role playing, some members act out a real-life situation in front of the group. There is no script, no set dialogue, and they make up their parts as they go along. The group then discusses the implications of the performance to the situation or problem under consideration.

Role Playing May Be Used:

1. To examine a delicate problem in human relations.
2. To explore possible solutions to an emotion-laden problem.
3. To provide insight into attitudes differing sharply from those of the participants.

Some Advantages:

1. A dramatic way of presenting a problem and stimulating discussion.
2. It can provide clues to possible solutions and explore them without the dangers inherent in a real-life trial and error approach.
3. It gives the players a chance to assume the personality of another human being--to think and act like him.

Some Limitations:

1. Some people may be too self-conscious or too self-centered to act successfully in role playing. Others may be shy and fear being made "ridiculous" before the group.
2. Role playing before large audiences is less effective because of the psychological effect of the large group upon the players.

Physical Requirements:

1. A room large enough to provide seating so that all members of the group may see the action. No stage or platform is necessary with groups of 30 or less. Costumes or elaborate props are not necessary.

Procedures:

1. The problem or situation is clearly defined by the group before role playing begins, and the scene is set by the group leader with the assistance of the group.
2. Players should be selected just before role playing begins and not warned in advance, although a brief warm-up period may be necessary to throw off self-consciousness and get in the spirit.
3. The leader should allow the action to proceed only so long as it is contributing to understanding (usually five to ten minutes).
4. After discussion, a second set of actors may be chosen and the scene replayed.

WORKSHEET 4

C. Evaluating Instruments

SESSION EVALUATION: PARTICIPANT FEEDBACK TYPE I

* Please rate the balance between lecture and discussion.

_____Too much lecture

_____About the right amount of lecture and discussion.

_____Too much discussion.

* Please check the appropriate response.

Yes	No	
_____	_____	Were the objectives of the session stated clearly?
_____	_____	Will the information presented be useful to you?
_____	_____	Would you recommend this session?

* What suggestions do you have to improve this session?

The program leader: _____

_____

The content: _____

_____

The materials/visual aids: _____

_____

The facilities: _____

_____

* To what extent did the subject content meet your needs?

( ) ( ) ( ) ( ) ( )
Very Well To Some Extent Not at All

* What is your overall rating of the leader?

( ) ( ) ( ) ( ) ( )
Excellent Poor

* Please rate the following:	Very Good	Average	Poor
Adequacy of Facilities	_____	_____	_____
Adequacy of Materials	_____	_____	_____
Clarity of Presentation	_____	_____	_____

Worksheet 5

SESSION EVALUATION: PARTICIPANT FEEDBACK TYPE II

ACTIVITY _____ Date _____

Would you give us just one minute of your time to let us know how you feel about tonight's meeting? It will help us in improving our program.

Please *circle* the phrase that best describes how you feel:

1. I think that in this session I learned
   a great deal *quite a lot* *some* *a little* *nothing*
2. On the whole, tonight's session was
   excellent *pretty good* *average* *poor* *no good*
3. I am leaving this meeting feeling
   enthusiastic *encouraged* *all right* *disappointed* *frustrated*
4. As of now, the activity interests me
   intensely *quite a bit* *somewhat* *a little* *not at all*

Comments:

SESSION EVALUATION:

GROUP PROCESS ASSESSMENT

(Circle one number in each scale)	Rating Scales low → high					
1. What is the degree of your feeling of satisfaction with this meeting?	1	2	3	4	5	N/A
2. How clear is the group about its goals and tasks?	1	2	3	4	5	N/A
3. How well are group members listening to one another?	1	2	3	4	5	N/A
4. To what extent did you contribute to the work of the group today?	1	2	3	4	5	N/A
5. To what extent were your ideas accepted and used by the group?	1	2	3	4	5	N/A
6. To what extent did one or two group members dominate the discussion?	1	2	3	4	5	N/A
7. To what extent did you personally resent over-participation by other members?	1	2	3	4	5	N/A
8. To what extent did group members prepare themselves (do background reading, etc.) for this meeting?	1	2	3	4	5	N/A
9. How well is the group organizing itself for its work?	1	2	3	4	5	N/A
10. To what extent do you think the group should make better use of outside resources?	1	2	3	4	5	N/A
11. To what extent does the group recognize its problems and conflicts and deal with them openly?	1	2	3	4	5	N/A

What suggestions would you like to make to improve the group's operation?

DO NOT SIGN YOUR NAME

PARTICIPANT FEEDBACK

Name

Program Date

1. OBJECTIVES

1) Are program objectives clear? _____
2) Do they meet your needs? _____
3) Suggested improvements

2. MATERIALS

1) Do materials fit the objectives? _____
2) Are they meeting your needs? _____
3) Suggested improvements

3. LEADERS

1) Are leaders working well as a team? _____
2) Consistent or contradictory? _____
3) Suggested improvements

4. PARTICIPANTS

1) How well is the leader relating to your needs (content or personal)? _____
2) Do you feel a need to become better acquainted with other participants? _____
3) Suggested improvements

5. STRUCTURE

1) Are group size and composition helpful to learning? _____
2) Are physical arrangements for group work appropriate? _____
3) Suggested improvements

6. AIDS

1) Are learning aids appropriate? _____
2) Supplies adequate? _____
3) Suggested improvements

7. FACILITY

1) Problems

2) Suggested improvements

8. FOOD AND REFRESHMENTS

1) Problems

2) Suggested improvements

9. TRAVEL

1) Problems in getting to or from program?
2) Suggested improvements

10. FUTURE NEEDS

1) Have you discovered additional learning needs? _____
2) What?

11. TIME

1) Is pace of learning activities appropriate? _____
2) Suggested improvements

12. METHODS

1) Which type of learning activities worked best?

2) Which encountered problems?

3) Suggestions

13. ENERGY/ATTENTION

1) Are more/fewer breaks needed?_____
2) Was your energy or attention lower at certain times?_____
3) When?_____ 4) Why?_____

14. CLIMATE

1) Is the overall climate or mood of this program supportive of your learning? _____
2) Suggestions

CREDITS

Worksheets 1-3 and 7 were adapted and/or reproduced from: Larry N. Davis and Earl McCallon. Workshop Staff Packet. Austin, Texas: Learning Concepts, 1974.

Worksheet 4 was adapted from: Virginia Department of Welfare. Training Tools and Techniques. Richmond: Staff Development System, 1978.

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DEVELOPMENTALLY DISABLED

By Terry D. Morlock,
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Developmentally Disabled

I. In working with developmentally disabled adults, it is important to be aware of the following factors and methods:

A. Attitude

1. Know about handicapping conditions.

2. Be sensitive to prejudices towards handicapped persons.

3. Be honest with each student.

4. Treat each student as a human being.

5. Treat the adult students in as normal a manner as possible with regard to their age, sex, cultural, or ethnic backgrounds.

6. Be flexible in adapting to unusual situations and in moving with the flow of the class.

7. Allow the students freedom of movement within the class.

8. Present yourself in a confident and firm manner.

B. How to establish rapport with the class

1. First class session

a. Arrive at the classroom early (20-30 minutes).

b. Make sure the classroom is appropriate.

c. Arrange the classroom in the desired manner (seating, tables, etc.).

d. Make sure any special equipment is in the classroom and is in working order.

2. Greet students and accompanying persons individually upon their arrival (preferably at the door of the classroom).

a. Assist in putting students at ease.

b. Show the accompanying persons that all is under control.

3. Encourage ambulatory students to select a seat.

4. Encourage or assist non-ambulatory students to an appropriate area of the classroom.

   a. Ask the students if they need assistance.

   b. Allow students to move at their own pace and on their own volition.

5. Begin by introducing yourself.

6. Have the students introduce themselves:

   a. Name, where they live, etc.

   b. Encourage students to tell something interesting about themselves.

   c. Encourage students to explain why they are taking this course.

7. Briefly summarize the student responses in a way that expresses a feeling of unity within the class by illustrating common goals:

   a. Learning something new.

   b. Interacting with peers.

      1) Educational setting.

      2) Social setting.

   c. Using the "to-be-acquired" skill in everyday life experiences.

C. Approaching the class with subject matter.

1. During the first class session:

   a. Find out how much the students already know.

   b. Find out how much the students are capable of learning about your subject.

2. Begin with an informal lecture outlining the goals of the course in easily understood words.

3. Assess the students reactions to the goals and objectives through a brief general discussion following the lecture.

4. Conduct a brief discussion outlining and listing the types of activities that are planned to assist in meeting the objectives.

5. Get suggestions from the students on their ideas for activities that could meet the objectives in another way and still achieve the end product.

D. Factors to keep in mind and practice when working with developmentally disabled persons:

1. Listen carefully to all of what the student has to say; however,

   a. Establish reasonable limits on time for response.

   b. Monitor the relevancy of the responses.

   c. Insist that the student respond in an appropriate manner.

   d. Maintain control and direction of the discussion.

2. Repeat the gist of the students' comments and questions to:

   a. Be sure you understood the question or comment.

   b. Assure the students that you understood.

3. Respect each student's opinion.

4. Allow equal time for opposing opinions.

5. Never speak to any student in demeaning or profane terms regardless of the situation.

6. Use discretion when discussing various handicapping conditions with or around students.

7. If students make constructive suggestions or criticisms about the course or the overall program, give the information to the program coordinator.

8. Use student suggestions or ideas if they are feasible and relevant.

9. Whenever possible and appropriate, encourage individual students to lead an activity which:

   a. Raises self-esteem of student.

   b. Affords opportunity to practice leadership.

   c. Reinforces appropriate self-initiated behaviors.

   d. Encourages all students to feel more a part of the program.

10. Approach each student with positive expectations.

11. Be creative and encourage the students' creativity.

12. Never be afraid to say, "I don't know."

13. Never be afraid to say "no" when it is appropriate.

14. Always offer praise and recognition to the students for a job-well-done.

II. Definitions of Developmental Disabilities

A. Mental Retardation

The student functions at a significantly sub-average intellectual level while showing deficiencies in adaptive behavior.

B. Cerebral Palsy

This condition is caused by damage to the nerve tissues in the brain, resulting in motor dysfunction because of imperfect motor control. Various parts of the body may be affected in a variety of ways, for example, muscular incoordination, spastic paralysis, speech disturbances. Mental retardation may or may not accompany cerebral palsy. Estimates indicate that between 50-75% of those persons with cerebral palsy are mentally retarded as well.

C. Epilepsy

This condition is a symptom of a number of disorders of the central nervous system. It is characterized by seizures which involve partial or total unconsciousness, muscle convulsions, and mental confusion. The seizures seem to be caused by abnormal electrical discharges of the brain cells. Mental retardation may or may not accompany epilepsy.

D. Autism

This condition involves severe disorders in communication and behavior and is usually observed in young children. The causes of the condition are unknown; however, a connection has been made with forms of schizophrenia. The condition is characterized by severe withdrawal or inappropriate responses to external stimulation.

NOTE: Instructors will be working with students whose primary developmental disability is mild to moderate mental retardation. The majority of College for Living students do not show signs of other accompanying disabilities. Instructors, however, can occasionally encounter multi-handicapped students and should be sensitive to their particular needs. Such students will have

needs characteristic to each of their disabilities and this complexity of needs may require particular consideration. Complicating disabilities with which the instructor will most likely be working are varying degrees of epilepsy and cerebral palsy. At present, there are no known autistic persons enrolled as students in the College for Living; therefore, only minimal material about autism is included in this manual. Instructors interested in reading further about autism can refer to the bibliography.

III. General and specific characteristics of developmental disabilities which can significantly limit a person's educational, social, and vocational pursuits.

A. Mental Retardation

1. Mild - IQ level = 52-69

a. Often not diagnosed at birth.

b. Minimal dysfunction of sensorimotor skill areas.

c. Can develop communication and social skills.

d. Can learn academic skills.

e. Can learn vocational skills.

f. Can work in competitive employment.

g. May need support and guidance with regard to specific areas in times of stress.

h. Can learn to live and function independently in the general community.

2. Moderate - IQ level = 36-51

a. Frequently diagnosed at birth.

b. Fair sensorimotor development.

c. Can usually develop communication and social skills.

d. Can learn basic academic skills.

e. Can learn and perform unskilled and semi-skilled tasks in sheltered or competitive employment situations.

f. May need support or guidance in specific areas in times of stress.

g. Can learn to function within the general community in independent or semi-independent situations with a minimal amount of supervision.

3. Severe - IQ level = 20-35

a. Generally diagnosed at birth.

b. Generally poor sensorimotor development.

c. Can learn to adequately communicate.

d. Can learn elementary self-care or health habits.

e. Minimal successes in academic skills.

f. Usually resides in a controlled environment with close supervision.

g. Usually is not able to participate in competative employment. Can have some successes in sheltered employment situations.

h. Usually requires direct support, guidance, and assistance for practical living.

i. Rarely achieves independence outside of a highly supervised setting.

4. Profound - IQ level = 20 and below

a. Almost always diagnosed at birth.

b. Minimal capacity for functioning in sensorimotor areas.

c. May develop adequate abilities for speech and communication.

d. May develop some minimal self-care or health skills.

e. Generally requires complete supervision.

f. Generally has accompanying disabilities or additional medical difficulties.

g. Residential situations are highly structured controlled environments.

h. Generally requires life-long support, guidance and direct care.

i. Rarely can function without complete supervision.

B. Cerebral Palsy

1. Spastic

a. Paraplegia

1) Paralysis of the lower limbs and lower half of body (both sides).

2) Usually near normal or better development of fine or gross sensorimotor skills of upper extremities.

3) May or may not have accompanying disabilities.

4) Can live independently in adapted accessible environment with minimal to no supervision.

5) Can develop sophisticated communication and social skills.

6) May or may not be confined to wheelchair.

7) Can succeed in competitive employment.

8) Generally, can perform self-care and health skills independently or with a minimal amount of supervision.

b. Hemiplegia

1) Paralysis of one lateral side of the body.

2) Generally not confined to wheelchair.

3) May or may not have accompanying disabilities.

4) Can develop good to excellent sensorimotor coordination in unaffected limbs.

5) Speech is generally minimally affected or unaffected.

c. Monoplegia

1) Paralysis of one limb or part of body.

2) Generally never confined to wheelchair.

3) May or may not have accompanying disabilities.

4) Can develop good to excellent sensorimotor coordination in unaffected limbs.

5) Speech is usually minimally affected or totally unaffected.

2. Athetosis

a. Purposeless movements or exaggerated voluntary action.

b. Slow movement.

3. Chorea

a. Involuntary movements.

b. Rapid movements.

4. Dystonia

a. Muscle tone--above and below normal.

b. Tremors.

c. Rigidity.

5. Ataxia

a. Posture is impaired.

b. Disturbed sense of balance and depth perception.

c. Generally has problems with walking.

C. Epilepsy

1. Grand Mal (Major seizures)

a. Largest proportion of persons have this type.

b. Frequency of occurances varies considerably.

c. Rigidity of muscles in trunk and limbs.

d. Muscle contractions and relaxations in rapid successions (convulsions).

e. Seizure frequently preceded by "aura."

2. Petit Mal (Minor seizures)

   a. Second largest proportion of cases.

   b. Short periods of cessation of activity.

   c. Person often assumes fixed, staring appearance.

   d. Usually does not exhibit eratic gross motor behavior (convulsions).

3. Psychomotor (Minor motor seizures)

   a. Least frequently occuring type of seizure.

   b. Usually involves muscles in specific parts of the body in clonic movements.

      1) Muscle twitching

      2) Head nodding

      3) Head falling forward

   c. Usually consciousness is maintained.

   d. Characterized by automatic, stereotype movements.

      1) Rubbing nose

      2) Touching heel

      3) Other behaviorial manifestations due to clouded state of consciousness.

D. Autism

1. Unpredictable and dramatically diverse behaviors.

2. Commonly falls within mental health diagnosis of childhood schizophrenia.

3. Pleasure or pain seeking.

4. Self-gratification or self-abusive behaviors.

5. Immobile or in constant motion.

6. Etiology, basically, unknown.

7. Prediction of onset of condition unreliable.

8. Security seems to be found and centered around objects rather than people.

BIBLIOGRAPHY

Kempton, Winifred. Guidelines for Planning A Training Course on Human Sexuality and the Retarded. Philadelphia: Planned Parenthood Association for Southeastern Pennsylvania, 1973.

A practical, well-written guide for persons interested in developing and implementing constructive and meaningful sex education courses. The basic guidelines and methodology can also be very useful in designing and developing courses other than those whose specific emphasis is sex-related.

Kugel, R. and Wolfensberger, W. Changing Patterns in Residential Services for the Mentally Retarded. Washington, D.C.: President's Committee on Mental Retardation, 1969.

A collection of papers and articles written by many of the currently recognized leaders in the field of human services and specifically the area of mental retardation. This publication gives a broad overview, as well as, specific information regarding such concepts and areas as the normalization principle, human services planning, legislative actions and their impact, accessibility to programming, etc.

National Institute on Mental Retardation. An Orientation Manual on Mental Retardation. Toronto: National Institute on Mental Retardation, 1977.

This is a fundamental, clearly-written and non-dehumanizing manual for anyone who is interested in working with developmentally disabled persons, but who has little to no actual experience or previous involvement. The material therein contained can be applicable to the professional as well as the volunteer.

Wolfensberger, W. The Principle of Normalization in Human Services. Toronto: National Institute on Mental Retardation, 1972.

The first comprehensive publication that thoroughly describes normalization and the practical application of the concepts and basic principles in the existing human service systems. This is an intriguing and philosophical approach that is of paramount importance to the professional, parent, teachers, volunteers who are involved with developmentally disabled children and adults.

Pamphlets

National Association for Retarded Citizens. Publications List. July, 1977. To order: National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109, Arlington, Texas 76011.

Perske, Robert. The Dignity of Risk and the Mentally Retarded. Arlington, Texas: National Association for Retarded Citizens, 1973.

A thought-provoking pamphlet that addresses various issues with specific attention to allowing the mentally retarded person the opportunity to experience normal riskful life situations and a succinct discussion of the benefits of this type of concept and approach.

APPENDIX

DEVELOPMENTALLY DISABLED

Course Outline

Course: Music Appreciation

Instructor_____Instructor_____

I. Course Description

A. This course is designed to help the students reach a more refined understanding of the music they enjoy. Class time will be spent listening to a wide diversity of musical styles and interpreting what is heard. They will attempt to identify various musical instruments and will have an opportunity to "try-out" and see how they are played. Discussions will include: Introduction to musical notation; "Why we like what we like"; modes through which music is heard.

II. Couse Objectives

A. A student should:

1. be able to identify eight out of ten musical instruments
2. be able to demonstrate basic understanding of musical notation
3. be able to identify five different musical forms by proper names
4. be able to identify five or more ways to hear music
5. be able to identify places and events where music can be heard in the Northern Virginia area
6. be able to suggest at least three different modes of transportation that could be used in attending musical events

III. Course Logistics

A. Eight Week Course

1. Eight on-campus classroom meetings (music room, use of record player, band and/or orchestra instruments for demonstration - one night only)
2. Two-hour classes
3. One evening a week
4. Possible field trip to radio station and/or concert
5. Class maximum:
   a) 15 students with instructor assistants
   b) 10 students without assistants

Instructor Worksheet

Attachment to
Course Outline

Course: Music Appreciation

IV. Suggested Activities

A. The first four weeks the emphasis of the class shall be placed on identifying the following:

1. The individual student preferences in types of music they enjoy

a) each student will bring in a record with his/her personal favorite type of music
b) class will listen to music
c) class will then discuss what is heard and identify the following:
1. why they like that specific music
2. why they do not like that particular style of music
3. what instruments are involved in the recording
4. similarities to other types of music

2. Students will be exposed to different instruments.

A) Guitar	C) Recorder	E) Mandolin
B) Banjo	D) Piano	F) 12 String Guitar
G) Auto Harp	H) Ukelele	
I) Cornet	J Clarinet	

Students will receive a brief history of each instrument and a demonstration of how the instrument is played. Also they will be told what type of music is most often played on each instrument.

B. The second four weeks shall consist of the following:

1. The attendance of a concert
2. A visit/tour of a radio station
3. Radio night - each student brings in call letters of radio station they like most. Class will listen to each station.
4. Discussion of the news media
5. Each student will attend a musical event and make an oral report to the class regarding the event.

The thrust of the final five weeks is to introduce the various forms of medium through which music can be appreciated.

HEARING IMPAIRED

The material in this section has been compiled largely from two excellent publications by Gallaudet College:

Teacher's Resource Kit

Welcome to the Quiet Life

and from consultations with Don Pettingill, Director, Demonstration Programs; and Jack Parr, Adult Basic Education Specialist, Gallaudet College, Washington, D.C.

Hearing Impaired

I. Definitions

There are different causes of deafness and different levels of hearing loss. The two main types of loss are sensori-neural (nerve deafness which impairs the auditory nerve) and conductive deafness (usually a dysfunction of a part of the ear mechanism: the eardrum, the "hammer and anvil" bones, and the stapes).

Hearing loss is measured by decibels, and according to the decibel count the loss may be mild, moderate, or profound. Persons with mild to moderate losses have difficulty understanding speech. Profoundly deaf persons cannot hear speech.

Sensori-neural and conductive hearing losses have different causes, among them heredity, disease, trauma, maldevelopment. Between 50% and 60% of severe and profound deafness is congenital and due to hereditary, genetic, or Rh factors. Infectious diseases such as spinal meningitis and other childhood diseases account for perhaps 15% to 20%. Injury, loud noises, and advancing age are also contributing factors.

II. Characteristics

- The age of onset of deafness is a very important factor in judging the handicap of a hearing loss. People who lose their hearing at a very early age or are congenitally deaf may have serious language handicaps. This is because a child learns language by interacting with a language model. Inability to hear the spoken word, and the necessity to learn by reading, speechreading, and sign language make the process of acquiring English a slow one. Those who lose their hearing after age five (at which time they have normally acquired language and mastered its syntax) have a great advantage over those who were deaf at birth or whose hearing loss occurred during infancy.

- Studies show that, in general, congenitally deaf adults have a low reading comprehension level and that the average deaf adult has great difficulty with written English. Research indicates that the average deaf student attains a reading comprehension level which is below the sixth grade.

- Poor performance in language comprehension does not mean, however, that deafness is synonymous with low intelligence. It means that deaf people, because of their language handicap, perform poorly on those standardized achievement tests which take a knowledge of language for granted. Over 50 investigations show clearly that the intelligence of deaf people is distributed along the same range as that of hearing people. In other words, there is no causal relationship between deafness and IQ. Deaf people are just as bright as hearing people.

- Deaf people are not "mute"; nor are they "dumb." Deaf persons have normal vocal organs.

- Through special instruction, deaf children learn to use their vocal organs to make speech sounds. However, even after years of speech training, a deaf person's speech often is not readily intelligible to the general public. . . for the very simple reason that most deaf persons have never heard the sound of human speech to imitate.

- Some deaf persons prefer not to use their voices in public. Still, deaf people with speech that is unintelligible to the general public frequently use their speech at home and with friends and coworkers.

- In addition to speech, many deaf people use sign language to communicate. Sign language is a visible language using visibly distinct units called signs, instead of spoken units called words. Sign language is often incorrectly referred to as "hand talk," "hand signals," or "hand signs."

- Fingerspelling is frequently used with signs. In fingerspelling distinct handshapes are assigned to each letter of the alphabet, and the words are spelled "in place" letter by letter. The American Manual Alphabet has 26 handshapes to represent the 26 letters of the alphabet.

III. Suggestions for Instructors

A. General Principles

1. Talk slowly and distinctly.

2. Look at the students while talking.

3. Don't move around unnecessarily while talking.

4. Be more concerned about getting a little less across well than about "covering" a great deal superficially.

5. Use the chalkboard, overhead projector, etc. to present material visually as much as possible.

6. Don't talk while deaf students are trying to read something on the board or screen. Wait until they finish and then explain!

7. If you ask for questions or comments, wait until the interpreter has stopped before recognizing someone. This will give the deaf students a chance to "get the floor."

8. If note taking is necessary, make arrangements for the deaf students.

9. During group discussions, be sure the deaf students have the opportunity to participate.

B. Working with an Interpreter

1. You will be communicating with hearing impaired individuals through another person who will be transforming the spoken word into the language of signs.

2. The interpreter will need to adjust to your pace and sometimes it will be necessary for you to adjust to the pace of the interpreter. Usually the interpreter will ask you either to stop momentarily, repeat, or slow down. This is to insure that the hearing impaired students receive your message in full.

3. Generally, the interpreter will stand either to your left or to your right. This enables the student to maintain eye contact with both you and the interpreter. This is most important for good student-instructor rapport.

4. Wherever the interpreter stands, there must be good lighting available.

5. In using demonstration and visual aids, it is important for the instructor to allow extra time for students to see what is being demonstrated as well as to see what is being said. With hearing students, you can turn your back to the class and simultaneously elaborate a point as you demonstrate. With deaf students, this is not possible, since the deaf student must turn his attention from the interpreter to the chalkboard to see what you are demonstrating and then go quickly back again so that he will not miss the explanation. The best way to handle this is, first, to be more explanatory as you go over the points on the board, avoiding such vague references as "this" or "that." Second, pause more often as you speak, trying as much as possible to maintain eye contact with the students. Finally, watch the interpreter as he attempts to draw attention to specific items. Do not force him to stop signing, turn his head, and grasp what you have indicated in order to put it across to the student.

6. Generally, it is best if you can rearrange your classroom so that the students sit in a semicircle, able to view one another. This is particularly useful in discussion-type situations.

7. When using an overhead projector, slides, video tapes, and/or films, it is sometimes necessary to either reduce the lighting or turn off the lights completely in the classroom. In such situations, it is important to provide a small lamp or spot to focus on the interpreter while discussion or explanation takes place. Your interpreter can usually assist you in setting up special effects when necessary.

8. Sign language does not contain signs for every word in the English language and it is particularly lacking in specialized jargon. Usually the interpreter will have to fingerspell such words using the manual alphabet. Often the interpreter will also be asked to pause and define the term. It is most helpful if you can jot down specialized jargon on the chalkboard or give it to the interpreter before class so both he and the student do not misunderstand the concept.

9. Question and answer periods may pose problems. If the student is unable to vocalize his question, he will need to sign the question to the interpreter and the interpreter will then need to vocalize the question to you. The answer will need to again pass through the interpreter to the student. It is important at all times that the other students know who is speaking. This is best handled through pauses and direction on your part.

10. Hearing students can take notes while listening to a speaker. Deaf students cannot because they need to focus their attention upon the interpreter. When topics of importance are being discussed, an outline prepared in advance is most helpful. Or, you may write your notes on the board, but you must allow additional time for the student to copy them.

NOTE: It is useful for the instructor and the interpreter to become acquainted at the beginning of a course. At that time, questions involving these guidelines and other points may be clarified. The instructor is always the instructor; the interpreter, merely his "voice."

C. Some Specific Teaching Situations

1. Beginning class

a. Take your place at the front of the class.

b. Ask the interpreter to take his/her place beside you.

c. Indicate to the class you are ready to begin.

d. Flash the lights in the room to let them know you are ready to start.

2. Getting attention

a. Call the student by name.

b. The interpreter can sign or spell the name to get that person's attention.

c. If the student isn't looking, you may have to go to him/her with the interpreter.

3. Contacting a deaf student

   a. At the first class ask the deaf students how you can contact them if the class is cancelled, for example.

   b. They should provide a telephone number or the name of a person to contact.

4. Compensating in the absence of an interpreter

   a. Use the chalkboard, overhead projector, or visual aids more.

   b. Have the deaf students sit beside good note-takers and share their notes, or provide the deaf students with a copy of your notes.

   c. Ask a deaf student with mild hearing loss, if available, to help temporarily. (This causes the student to concentrate on interpreting rather than learning, so it should be avoided, if possible.)

   d. Arrange a make-up session with the deaf students and the interpreter if necessary.

5. Using signs

   a. Use your signs before or after class or during breaks.

   b. Let the interpreter do the interpreting in class. Your signing would make the deaf students shift their eye contact to you and away from the interpreter.

6. Checking for understanding

   a. Do whatever you do to find out if other students understand the material.

   b. Ask questions.

   c. Have them describe something you have just described, etc.

   d. Remember that the interpreter will have to interpret their answers or responses to you.

7. Checking the interpreter

   a. A competent interpreter will be interpreting what you say.

   b. The responses of deaf students to your questions or the comments they make will confirm this.

c. A sign may convey a concept or thought rather than a single word so there may not be a one to one ratio of signs or fingerspelled words for every word you speak.

8. Moving during class

a. Learn to stand in one place unless it is necessary for you to move around in demonstrating something.

b. If moving is necessary, it is better for you not to talk while moving. Move and then speak. This will make the work of the interpreter easier as well as make it easier for the deaf students to keep up with what's happening.

9. Taking notes

a. Allow the deaf students time to take the required notes (leave material on the board or screen longer).

b. Ask good note-takers to share their notes after class with the deaf students.

c. Ask good note-takers to use carbon paper and make copies for the deaf students.

10. Using visual aids

a. Use them. The more visual aids you have, the better it is for the deaf students.

b. If movies or slides are not captioned, the interpreter will need to stand beside the screen to interpret them.

c. If the lights must be turned down or off, be sure there is a spot or lamp to focus on the interpreter so he/she can be seen.

11. Class discussion

a. Class discussions are possible with deaf students.

b. Have the students sit in a circle or a half circle.

c. The interpreter must interpret all that is said by any speaker, hearing or deaf. Allow only one person to speak at a time.

d. Be sure that the deaf students have the opportunity to participate in the discussion.

12. Written work

a. This is good for the students and for the interpreter. The more written material you have, the better it is for everyone concerned.

b. An outline of the material to be discussed, objectives of the course, sample test questions, anything the students can have in a written form will be helpful to them.

13. Vocabulary

a. Use the same vocabulary you would use in any class.

b. If there are specialized words for the subject you are teaching, it is a good idea to let the interpreter have a list of these before class.

c. Be sure to have definitions ready for new or difficult words. This will be helpful to all students in the class.

d. Write on the board or spell unfamiliar words.

14. Speed of talking

a. If possible, practice ahead of time with the interpreter.

b. If your normal speed is too fast, you will need to slow down.

c. It is possible to speak too slowly for the interpreter. Together you must try to work out the best speed for both of you.

d. Speak distinctly so the interpreter can easily understand you.

e. The interpreter should not have to turn and look at you to understand you.

f. Don't turn away from the interpreter or the class while you are talking.

BIBLIOGRAPHY

The following publications are available from:

Office of the President
Division of Public Services
Gallaudet College
7th and Florida Avenue, N.E.
Washington, D.C. 20002
(202) 447-0461

American Manual Alphabet

An 8 x 10 card showing the hand positions for the 26 letters of the alphabet as used in fingerspelling. Letters shown as they appear to the person reading them. (10¢ each)

Basically Yours

A resource guide (looseleaf notebook) of materials intended to be duplicated for use with four levels of deaf adults (illiterate to advanced students). Contains An Annotated Bibliography of Books and Materials for Adult Basic Education Classes with Deaf Adults which is also sold separately.

Bibliography on Deafness by Gary Austin, 1975

Contains one thousand, two hundred references from different journals; reports and other publications are classified and cross-referenced by subject.

Choices

A teaching package for deaf adults or youth which includes: a half-hour color film, a filmstrip, 12 transparencies, a teacher's manual, student's workbooks, and posters. The materials deal with the strategies of decision making. The film may be used alone or as part of an 8-hour course.

The Conquest of Deafness, 1969.

The history of the education of the deaf from 1550 to the present.

Deaf Like Me by Thomas and James Spradley, 1978.

An account of a family who was able to communicate with their five-year-old daughter for the first time after perceiving futile hopes of oral education.

The Law and the Deaf

A compilation of specific cases involving deaf persons and their rights for those who intend to work with deaf individuals.

Learning is Growing

A brochure for deaf people with a question and answer format. Provides information about the availability and benefits of continuing education. (free)

Manual Communications: Fingerspelling and the Language of Signs by Barbara Babbini, 1974

Numbers 1 Through 10

An 8 x 9 card showing the hand positions for numbers 1 through 10 as used in sign language and fingerspelling. Numbers shown as they appear to the person reading them. (10¢ each)

The Rehabilitation Act of 1973

A color filmstrip and printed text explaining the content and meaning of the Rehabilitation Act of 1973 which forbids job, education, services discrimination in government and private companies against handicapped people. It also includes information about making federal buildings accessible to and usable by handicapped people. (filmstrip and text - $5.00)

Some Signs You Can Learn

A folder with illustrations of 13 common signs and expressions. Designed for people who are interested in learning some basic signs. (25¢ each)

Talk to the Deaf by Lottie L. Riekehop

Line drawings of about 1,000 signs used by deaf persons in North America.

Teacher's Resource Kit

Materials designed for hearing teachers having deaf adults in their continuing education classes for the first time. Contains information on deafness, pointers for working with an interpreter, and helps for teaching deaf adults. Also includes a copy of Welcome to the Quiet Life and three fingerspelling and sign language cards. ($1.00 each)

Thinking without Language: Psychological Implications of Deafness, 1966.

Presents some theoretical implications of a number of empirical studies which have a direct bearing on the role of language and its relation to thinking behavior.

Toe-Hold Literacy Packet

A series of 12 workbooks designed for deaf adolescents and adults having little or no language skills. The series teaches 100 basic words through reading, writing, finger-spelling, speech, sign language.

Toward a Nationwide Program in Continuing and Community Education for the Deaf

A report for people who are concerned with the learning needs of hearing impaired adults. Includes the philosophy and objectives of the Gallaudet College Center for Continuing Education regarding the promotion and implementation of nation-wide continuing education programs and services. (free)

Tricks of the Trade

A manual covering the planning, implementation, financing, and management of continuing education programs. Useful to any school or agency interested in providing special programs and services. (single copies free)

Welcome to the Quiet Life

An orientation booklet for teachers who face the experience of having deaf adults in their continuing education classes for the first time. Includes information on the use of interpreters. (single copies free, additional copies 50¢ each)

You and the Law

A teaching package for deaf adults or youth which includes: a half-hour color film, three filmstrips, 10 transparencies, a teacher's manual, student folders, and posters. The materials deal with typical legal situations which deaf people may encounter, how they can protect their rights under the law, how laws are made, and some relevant terminology. The film may be used alone or as part of a 10 hour course.

Additional publications:

Beyond The Sound Barrier. Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1828 L Street, N.W., Suite 704, Washington, D.C. 20036
To order: Single copies free. 2-10 copies, 25¢ each. 10-100 copies, 15¢ each. Checks payable to: George Washington University Barrier Awareness Project, RRRI-ALLB, Suite 704, 1828 L Street, N.W., Washington, D.C. 20036, (202)676-6377.

Books Special Publications and Audiovisual Materials.
Alexander Graham Bell Association for the Deaf, Inc.
To order: Publications Sales Dept., Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007, (202)337-5220.

Communication: What's It All About?
To order: National Technical Institute for the Deaf, Rochester Institute of Technology, Public Information Office, One Lomb Memorial Drive, Rochester, New York 14623.

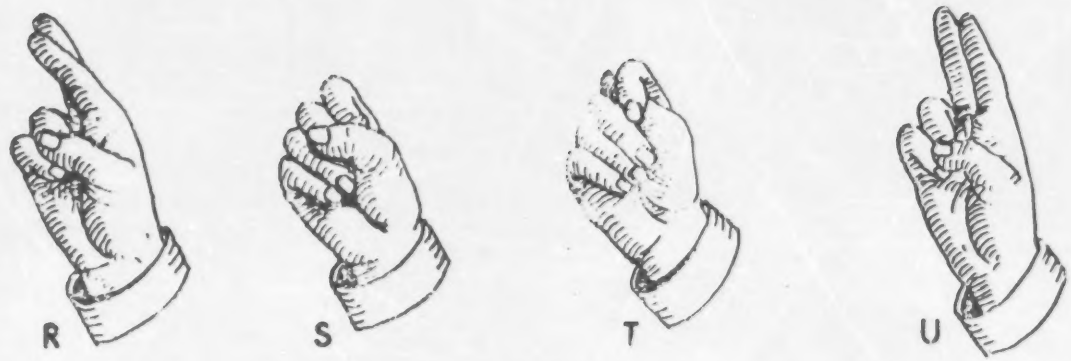
APPENDIX

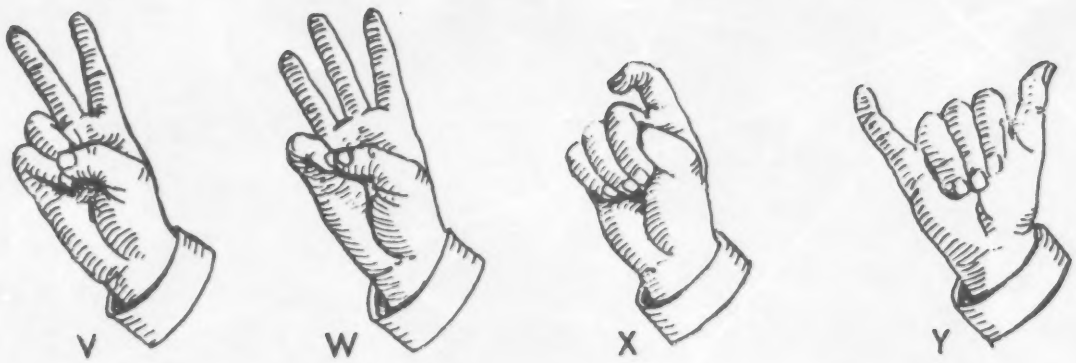
HEARING IMPAIRED

American Manual Alphabet

(Signs shown as they appear to the person reading them.)

N
O
P
Q


R
S
T
U


V
W
X
Y

Z

Numbers 1 through 10

(Signs shown as they appear to the person reading them)

1

2

3

4

5

6

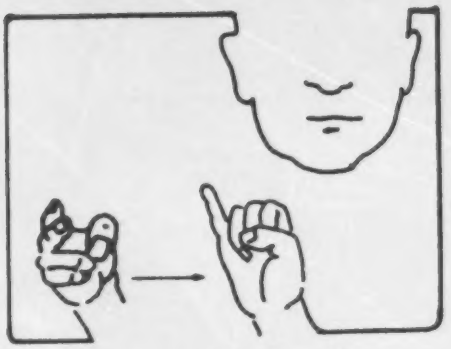
7

8

9

10

SOME
SIGNS
YOU
CAN
LEARN



HI

YES

PLEASE

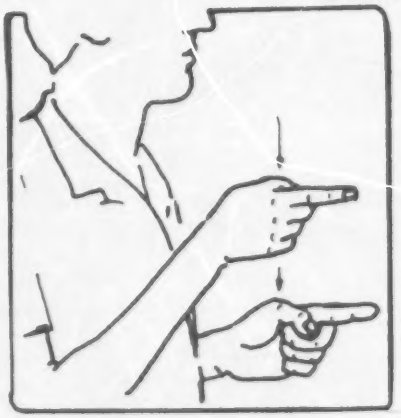
NO

GOOD

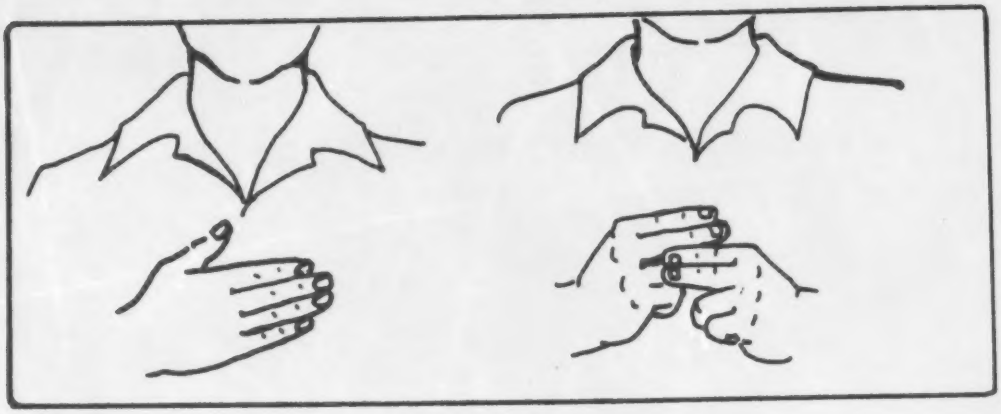
FINE

READY

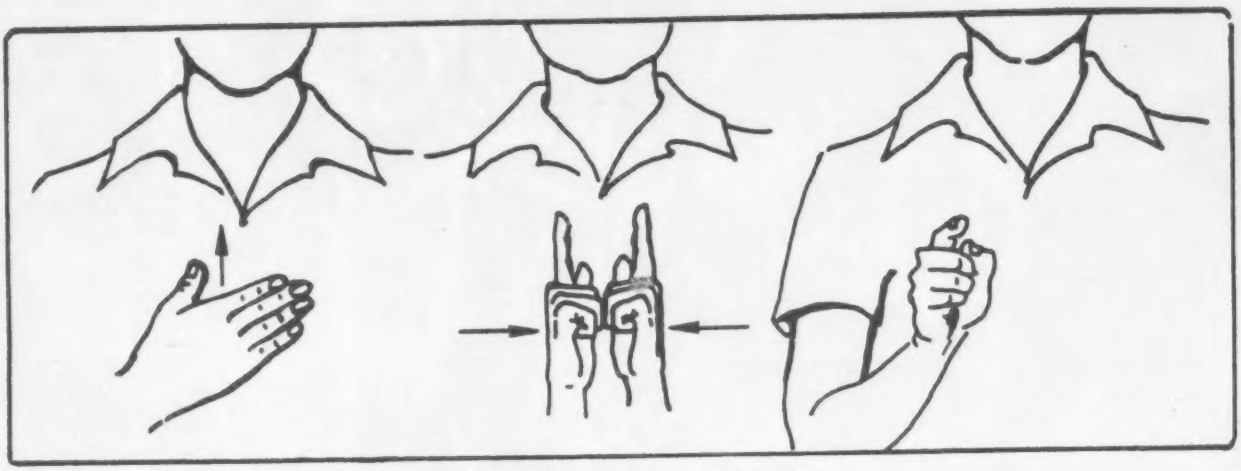
WRONG



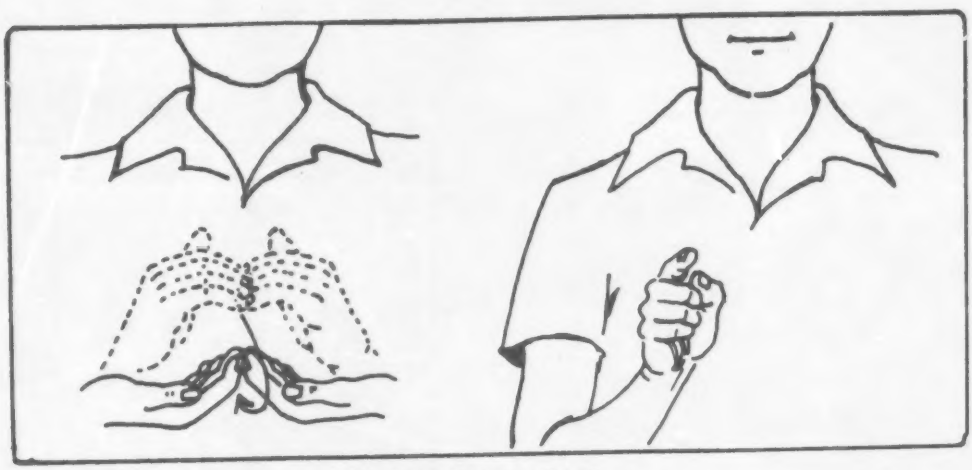
RIGHT



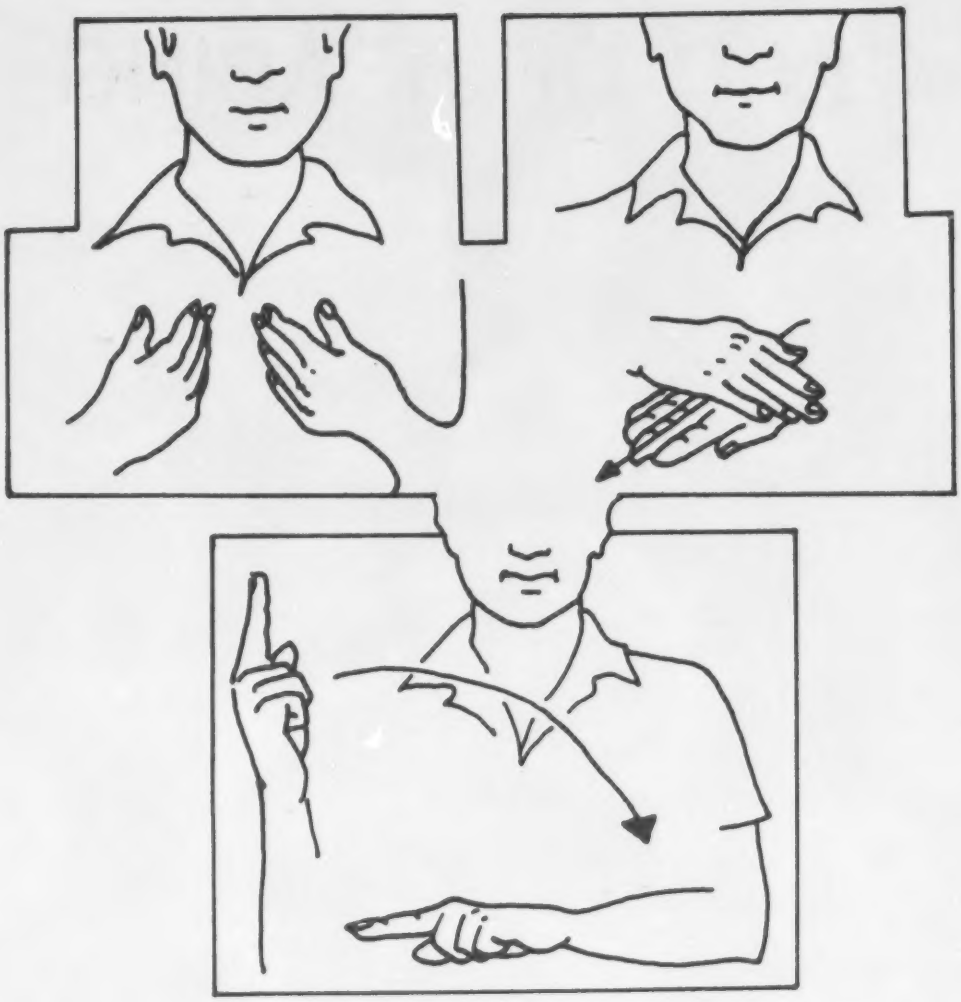
MY NAME IS . . .



I AM HAPPY TO MEET YOU.



HOW ARE YOU?



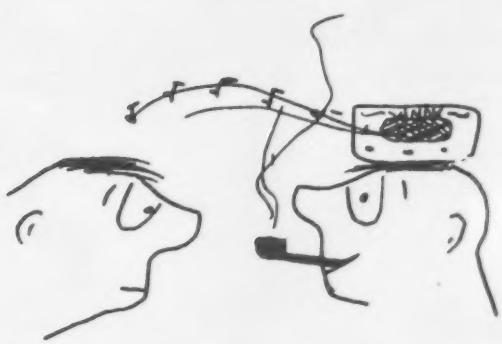
HAVE A NICE DAY!

TIPS FOR TALKING TO THE HARD OF HEARING

Face the hard of hearing person directly, and on the same level with him, whenever possible.

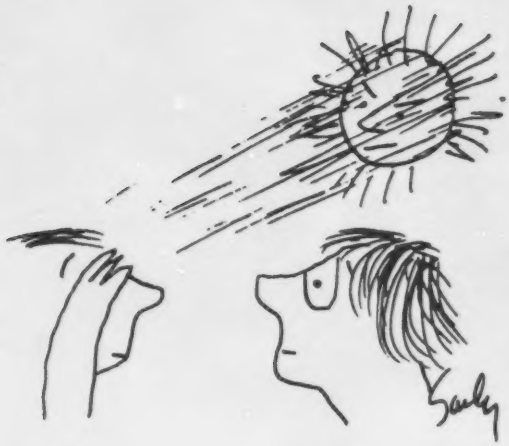
If you are eating, chewing, smoking, etc., while talking, your speech will be more difficult to understand.

Keep your hands away from your face while talking.



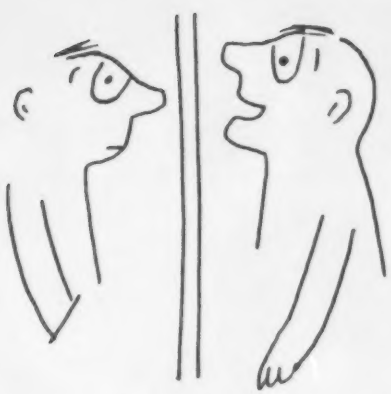
Reduce background noises when carrying on conversations – turn off the radio or TV.

Recognize that hard of hearing people hear and understand less well when they are tired or ill.



Speak in a normal fashion without shouting. See that the light is not shining in the eyes of the hard of hearing person.

If a person has difficulty understanding something, find a different way of saying the same thing, rather than repeating the original words over and over.



Never talk from another room. Be sure to get the person's attention before you start speaking to him.

San Francisco Bay Area
HEARING SOCIETY, Inc.
1428 Bush Street
San Francisco, CA 94109
(415) 775-5700

ORTHOPAEDICALLY IMPAIRED

By Michael Cahak, Sr.,
Virginia Department of
Rehabilitative Services

Orthopaedically Impaired

I. Introduction

Two factors powerfully affect your teaching the orthopaedically impaired: your attitude toward them and their attitude toward you. We develop our attitudes from our culture or from knowledge. Many elements in our culture teach us to fear and avoid the orthopaedically impaired. Among the most important of these elements are the human desire for wholeness, the pain of empathy, and the discomfort which the unknown brings. This last element, the discomfort with the unknown, is perhaps the major cause of loss of communication between the healthy and the handicapped; only knowledge, which takes away fear of the unknown, can alleviate the fear and ensure effective communication.

This section aims at presenting practical knowledge of physical handicaps as they could affect teaching. It provides some practical suggestions on classroom operation, and describes some of the major characteristics of handicapped students.

II. General and Specific Suggestions for Teaching the Orthopaedically Impaired

A. General Suggestions

1. Understand your own attitudes toward physical handicaps.

   -- Often our attitudes are formed by some encounter in our own lives which we may have now forgotten. These attitudes can also be formed by historical and literary interpretations. In literature, for instance, often villains have been depicted as handicapped: Long John Silver, Captain Hook, Captain Ahab, Quasimodo. Such depictions can unconsciously influence your attitudes and actions.

2. Do not show surprise or discomfort at seeing the handicapped.

   -- Become familiar with the various types of physical impairment as described later in this section. Familiarity is the best protection against showing feelings of discomfort.

3. Do not pity the handicapped.

   -- Such an attitude as pity will be easily detected and can cause a variety of communication blocks.

4. Become familiar with the advantages and disadvantages of the teaching location.

5. Be relaxed and determined to let nothing which happens in the class bother you.

6. Develop a genuine regard, warm and accepting, for your students.

B. Specific Suggestions

1. Show genuine concern in verbal communication

a. Express opinions and feelings rather than small talk.

b. Ask probing questions, but be sure they are sincere questions.

c. Listen very attentively.

d. Don't be distracted by certain words or ideas, but try to understand the intent of the speaker.

e. Be careful with feedback. Focus on:

--Behavior rather than on the person.

--Observations rather than on inference.

--Descriptions rather than judgment.

--Sharing ideas and information rather than on giving advice.

--Exploration of alternatives rather than solutions.

f. Check how well you are communicating.

--Ask individual questions to see if there is understanding.

g. Express feelings honestly, but not harshly.

2. Be most careful about non-verbal communication:

a. Keep steady eye contact--neither too forward nor too refrained.

b. Shake hands normally.

--One can very easily show nervousness through tension of the hands.

3. Know the teaching location thoroughly. Inform the students about:

a. Parking--How easy is access?
--How plentiful at required hours?

b. Elevators--Where are they located?
--How large are they?

c. Steps--Which are the easiest to negotiate?

d. Doorways--Which have difficulties such as width and direction of opening?

e. Ways of getting about the campus--Which is the preferable direction to take?

f. Bathrooms--Which ones are equipped for the handicapped?
--How are they equipped?

g. Lights--Which are within reach of wheelchairs?

h. Food--Where is the cafeteria?
--What does it offer?
--Which foods do you recommend?

i. Telephones--Where can the student phone in an emergency?

j. Medical facilities on campus.

4. Prepare the class room carefully.

a. Check for electrical outlets.

b. Check and test visual aids.

c. Be sure the room is adequately lit.

d. Be particularly careful of room temperature.

5. Anticipate possible classroom difficulties.

a. Try to have notes copied for each student. Many handicapped have difficulty writing.

b. Allow students to tape the lectures if they wish.

c. Be prepared to move desks to make room for wheelchairs.

6. Use a checklist to be sure you give the students adequate information. Include such items as the following:

a. Your name and telephone number.

b. Your qualifications.

c. The times of the course.

d. Information on the campus.

e. Information on related courses.

f. Sources of further information.

g. Your expectations for the course.

7. Try to begin class by engaging the students in a dialogue about the course and their expectations for it.

8. Be prepared for student movement during class.

a. Students may find it physically impossible to stay in one place.

b. Students may need to leave class for some reason.

III. Characteristics of the Orthopaedically Impaired

A. Physical

1. Amputation

a. Congenital: The handicapped individual is born without some extremity.

b. Traumatic: The handicapped individual lost the extremity in an accident or through surgery.

2. Arthritis

a. Rheumatoid arthritis

1) Usually occurs between ages of 25 and 40.

2) Accompanied by these symptoms:

a) Severe pain.

b) Burning sensation.

c) Loss of muscle and joint involvement.

d) Tissue degeneration.

3) May be complicated by:

a) Dislocation of the joints.

b) Stiffening due to scar tissue.

c) Loss of control of the fingers.

d) Involvement of the lungs, kidneys, eyes, or larynx.

b. Osteoarthritis

1) Degenerative joint disease involving multiple joints, particularly those involved with weight bearing.

2) Accompanied by these symptoms:

a) Severe joint pain.

b) Deformity.

c) Tissue degeneration.

d) Loss of motion.

3. Spinal cord injuries

a. Can result from external or internal causes.

b. Accompanied by these symptoms:

1) Loss of movement and feeling in extremities.

2) Right or left side paralysis.

3) Loss of speaking ability.

c. Can be complicated by:

1) Continuous kidney and bladder infections.

2) Pressure sores.

3) Loss of sexual function.

B. Psychological

The major difficulty the handicapped individual has is adjusting to the image of a physically different body. The handicapped person may adopt any of a series of reactions:

1. Denial

The person unconsciously rejects an obvious fact which is too emotionally painful to accept. This occurs at the outset of the disability, but may outlast all other defenses.

2. Withdrawal

The handicapped individual may withdraw from others to lessen the tension of interaction. By withdrawal, the person can avoid facing the reality of the disability. Egocentricity can develop until finally the entire world revolves around the handicapped person.

3. Regression

Through regression, the handicapped can reduce stress by avoiding it. The person returns to an earlier chronological age that was more satisfying. He or she adopts the dress, mannerisms, and speech of contemporaries at the age level to which he or she is regressing.

4. Reaction formation

The handicapped person unconsciously creates behavior which "covers up" pent up feelings of guilt, tension, or anxiety. The person may show feelings of hostility and resentment towards those upon whom he or she most depends.

5. Projection

The handicapped individual projects onto others traits which he or she finds unacceptable in himself or herself.

6. Compensation

Finding the way blocked to a set of goals, the handicapped chooses another route to the same set of goals.

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Cull, John G. and Richard E. Hardy. Vocational Rehabilitation: Profession and Process. Springfield, Illinois: Charles C. Thomas, 1972.

A publication designed primarily for the individual involved in professional job development and rehabilitation of the physically and mentally disabled.

Edwards, J. W. Orthopaedic Appliances Atlas. Volume I. Ann Arbor, Michigan: Edwards Brothers, Inc., 1952.

Hansen, James, Richard Stevic, and Richard Warner, Jr. Counseling: Theory & Process. Boston, Massachusetts: Allyn and Bacon, Inc., 1977.

An excellent text for the individual that would like a terse, easy to read book. The text introduces and explains the various counseling theories and diagnostic tools used by professionals in the therapeutic professions.

Heather, Arthur J. Manual of Care for the Disabled Patient. New York: Macmillan Co., 1960.

Johnson, David W. Reaching Out: Interpersonal Effectiveness & Self Actualization. Prentiss Hall, 1972.

The Journal of Applied Rehabilitation Counseling. Volume 9, Number 3. Published by the National Rehabilitation Counseling Association, 1978.

Published articles in counseling theory, research and practice of interest to rehabilitation professionals.

Kamenetz, Herman L. The Wheelchair Book. Springfield, Illinois: Charles C. Thomas, 1969.

Lindensmith, Alfred R. and Anselm L. Strauss. Social Psychology. Third Edition. New York: Holt, Rinehart & Winston, 1968.

The Merck Manual. Published by Merck, Sharp & Dohnme Research Laboratories, Division of Merck & Company, Inc.

This manual is frequently used by nurses in their professions. It outlines specific diseases and diagnoses both by general categories and specific items. It includes treatment regime, symptoms and in some cases the prognosis. It is published each year.

Prosthetics & Orthotics. Published by Prosthetics & Orthotics, New York University, Post-Graduate Medical School, 1972.

The Psychological, Social & Sexual Aspects Related to Spinal Cord Injury: A Book of Article Summaries. Volume I. Produced by the Virginia Spinal Injury System. Grant No. 13-P-55867. September 1977.

A comprehensive collection of abstracts of various articles written by individuals working with the spinal cord injured. Included are studies, research articles and statistics. An excellent reference manual.

Safilious-Rothschild, Constantina. The Sociology and Social Psychology of Disability and Rehabilitation. New York: Random House, 1970.

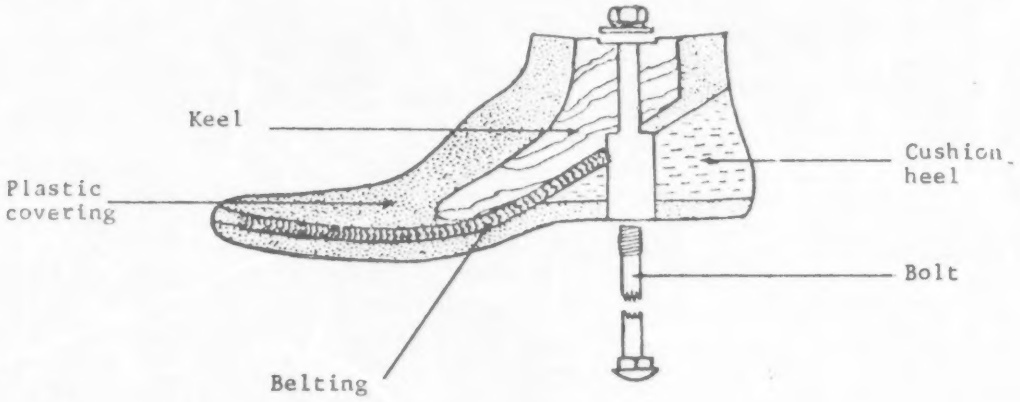
Wilson, S. R. and D. T. Tosthi. Learning is Getting Easier. San Rafael, California: Individual Learning Systems, Inc., 1974.

APPENDIX

ORTHOPAEDICALLY IMPAIRED

SACH Foot

The SACH (solid ankle cushion heel) foot consists of a wooden keel, a compressible covering material around the keel, a short length of belting passing underneath the keel and extending forward into the toe section, a bolt that attaches the foot to the shank, and a "cushion heel".



The cushion heel in the laminated SACH foot is either neoprene or flexible plastic and the covering material is Neoprene. In the molded SACH foot, the covering material and the cushion heel are flexible foamed plastic.

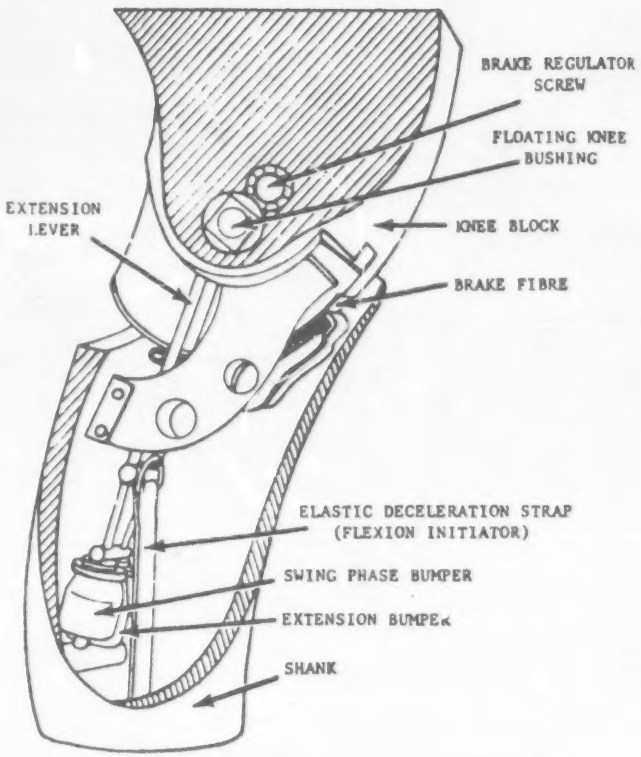
The SACH foot allows for some motion in all directions by compression of parts of the foot rather than by actual movement of the whole component. The cushion heel is available with different degrees of compressibility; hard, medium, soft. It is selected on the basis of the amputation level, body build and ability to control the prosthesis. Because this foot has no ankle joint, the junction line between the foot and shank is minimal.

The advantages of the SACH foot are that it is simple, has no moving parts, requires little maintenance, presents a good appearance, is quiet in operation, and is easily shaped for high-heeled shoes. Its main disadvantage is the limited range of adjustment for plantar flexion and dorsiflexion. Some older patients have difficulty if there is insufficient compression of the heel at heel strike; this problem becomes greater in time since there is a gradual loss of elasticity in the material used.

The SACH foot is the most widely used of all prosthetic feet and is particularly preferred by women.

Variable Friction with Friction Brake

This type of knee (Figure 10) provides variable friction during swing phase and resists inadvertent flexion when sufficient weight is borne on it. Friction, which is provided through a fibre braking surface on the bottom of the knee and a brake shoe at the top of the shank, increases at the end of swing phase. The variation in friction depends on the contour of the end of the knee block, which causes the pressure between the two braking surfaces to gradually increase at the end of swing phase, providing terminal deceleration in extension.



Vari-Gait Knee

Like other variable friction knees, this device tends to provide a more natural swing and, in addition, gives greater knee stability. Its disadvantages are essentially the same as those of the constant friction with friction brake type.

COMPARISON OF FUNCTIONAL CAPACITIES

Activity	Below-Knee	Above-Knee	Hip Disarticulation
Standing	Can meet requirements of most occupations.	Can tolerate standing for all or major part of normal working day.	Capacity is essentially the same as that of AK Amputee.
Walking	Can meet requirements of most occupations.	Eight blocks or more without undue fatigue or discomfort.	Must exert more effort than most AK amputees. May be expected to go 3-4 blocks without undue fatigue or discomfort.
Stairs and Inclines	Can meet most requirements, but in some cases excessive demands may cause fatigue and stump soreness.	Adequate capacity for occasional stair ascent and descent. AK amputee requires considerably more effort and time for this activity than does the nonamputee. Must be especially careful in descending inclines.	Adequate capacity for occasional demands, but less than that of most AK amputees. Must be especially careful in descending inclines.

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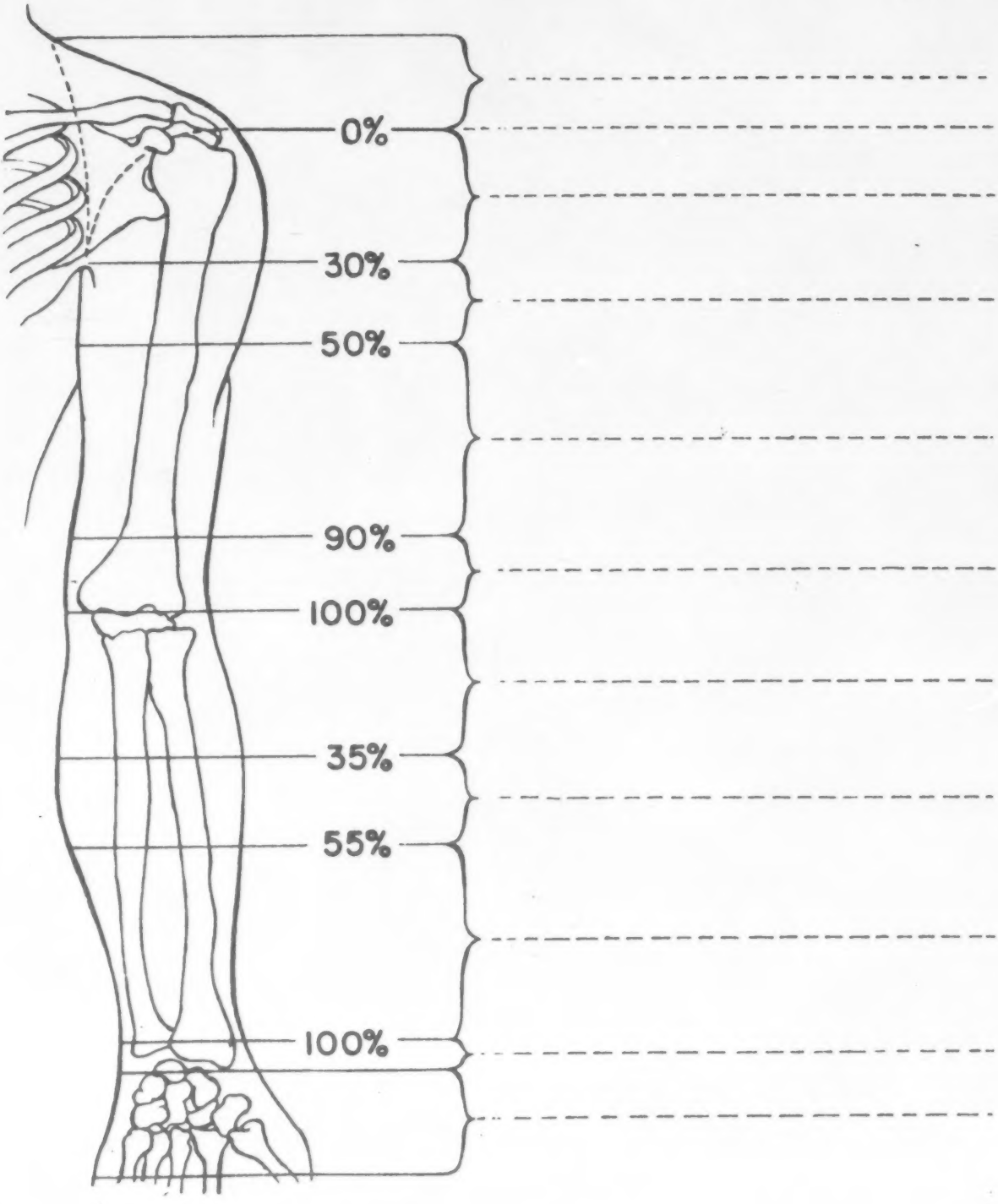
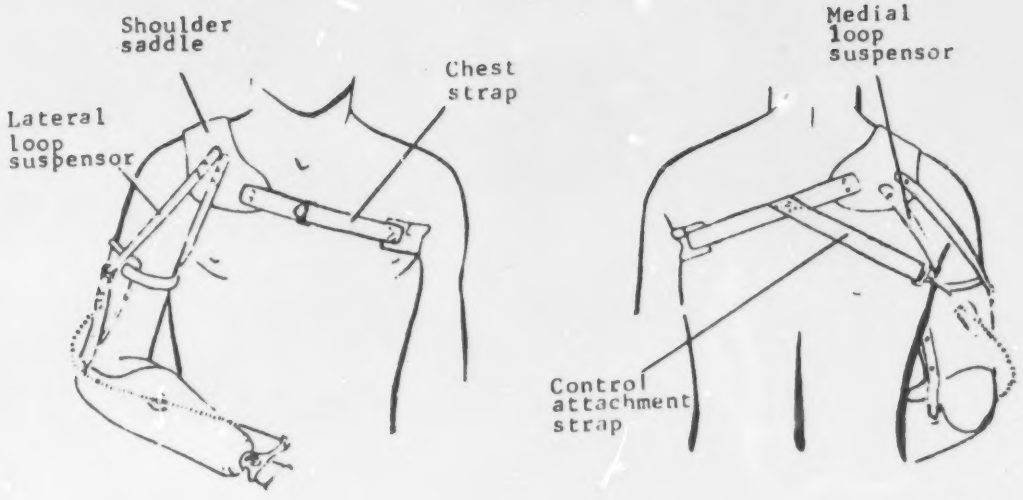
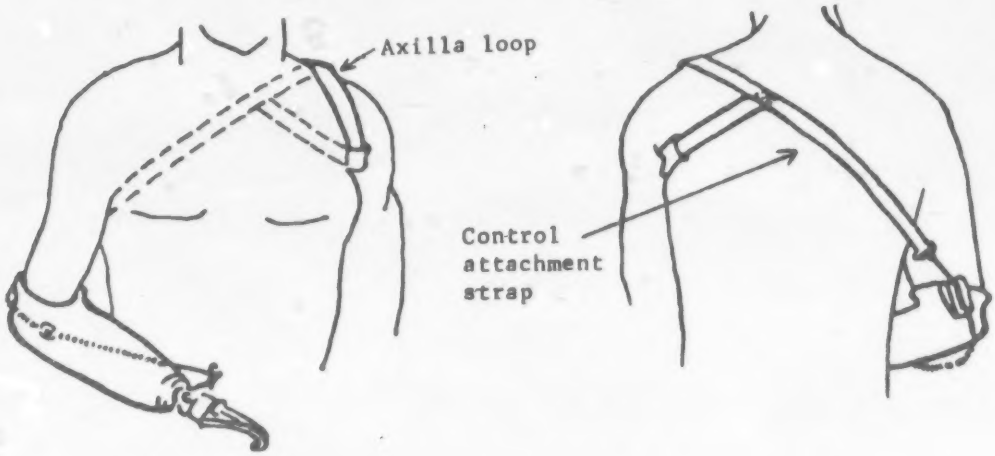
CLASSIFICATION BY LEVEL OF AMPUTATION





Below-Elbow Prosthesis with Chest-Strap Harness and Leather Shoulder Saddle

A simplified harness of a figure-9 configuration is most often employed with the Muenster prosthesis. It consists of an axilla loop and a control attachment strap. An advantage over conventional types of harnessing is the greater freedom and comfort afforded by elimination of the usual front support strap and triceps pad or cuff.

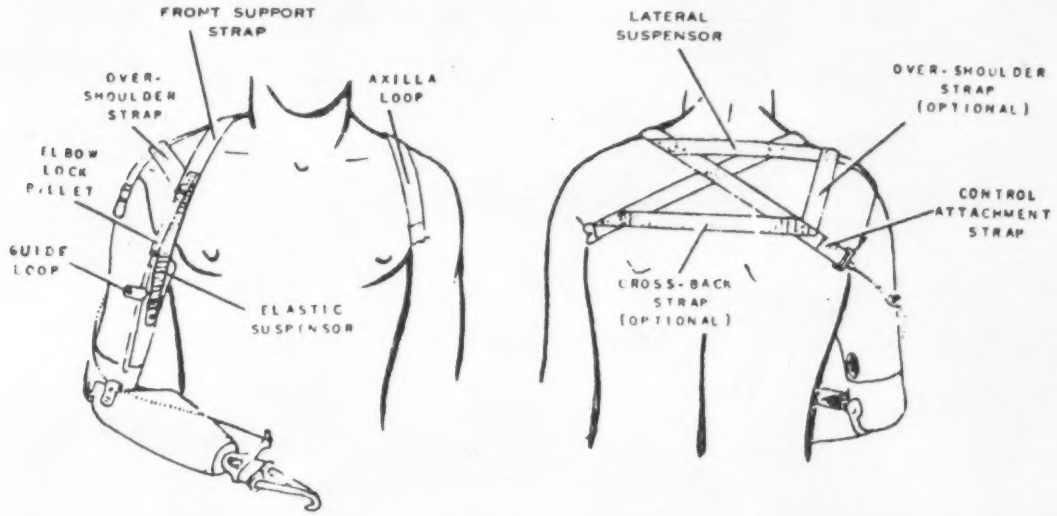


Muenster-Type Below-Elbow Prosthesis with Figure-9 Harness

Unilateral Above-Elbow Figure-8 Harness

The procedure followed for fitting the figure-8 harness on the above-elbow amputee is quite similar to the procedure for the below-elbow amputee. The above-elbow anterior support strap, however, has an elastic section to provide excursion for the elbow-lock control. As the amputee directs his humerus obliquely down and back to effect elbow locking, he stretches the elastic. Recoil of the anterior support strap is essential for the cycling mechanism in the elbow unit. The elastic portion of the anterior support strap is attached to the anterior-medial aspect of the arm.

The lateral support strap, made of nonelastic webbing, is the chief suspensor of the above-elbow prosthesis. The lateral support strap is connected to a point on the posterior-proximal portion of the axilla loop. It then passes horizontally to the opposite side, and is attached to the proximal edge of the socket, slightly anterior to the acromion.



Above-Elbow Prosthesis with Figure-8 Harness

The housing is mounted by means of a base plate to the posterior-lateral aspect of the arm, and the leather lift loop is positioned below the elbow axis on the forearm. The position and size of the lift loop determine the relative ease of elbow flexion. The more distal or the longer the loop, the less force required for elbow flexion with, however, proportionately greater cable excursion needed. Conversely, a shorter or more proximal loop requires the amputee to provide more force, though less excursion, for the same amount of forearm motion. A compromise between excursion and effort, the loop is approximately 1 inch high from its pivot to the anterior margin, and is located approximately 1 1/4 inches distal to the elbow axis. The control cable passes through the lift loop and is attached to the terminal device at one end and to the control attachment strap at the other. The elbow-lock cable is joined to its control strap.

Unilateral Above-Elbow Chest-Strap Harness with Shoulder-Saddle

The unilateral above-elbow chest-strap harness and shoulder saddle is fitted in the same wasy as the below-elbow harness

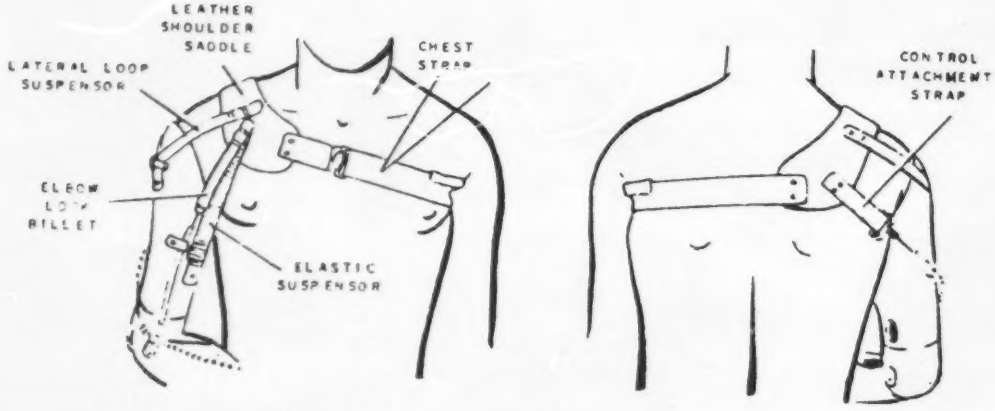


Fig. 11 Above-Elbow Prosthesis with Chest Strap Harness with Shoulder Saddle

This appendix is taken from Prosthetics & Orthotics, published by Prosthetics and Orthotics, New York University, Post Graduate Medical School.

VISUALLY IMPAIRED

By Gerard J. Arsenault,
Virginia Commission for
the Visually Handicapped

Visually Impaired

I. Definition

The terms "visually impaired" or "visually handicapped" cover, under federal standards, eye conditions ranging from limited central vision, through limited peripheral vision, to absolutely no sight in either eye. The instructor must be aware of the differences among the students and be prepared to adjust instruction accordingly. A student who is only partially impaired may require a different form of instruction than the student who is without sight.

II. Characteristics

A. Need for Knowledge

The visually impaired need the same knowledge of the world around them as do those with normal vision. This need is often not met. The visually impaired frequently receive all of their education in adult education projects, and therefore miss many of the learning benefits associated with regular school. A blind person may have unexpected needs. He or she may not drive a car, but may need to know the various sounds associated with cars--how cars function, and how to change a tire.

B. Method of Obtaining Knowledge

The visually impaired get knowledge from their senses just as everyone else does. Because one of those senses is faulty, the other senses must take a greater portion of the learning process. The blind person will need more explicit verbal instruction so that the imagination may picture what the eyes cannot.

C. Using Guides

1. Humans

The visually handicapped person takes hold of the guide's elbow and walks along at the same pace, approximately a half step behind the guide.

2. Canes

a. The user locates objects with the correct use of this guide.

b. When not in use, the cane is placed on the floor or stood in a corner of the room.

3. Dogs

a. Guide dogs are permitted to go anywhere the owner goes.

b. When not being used, the dog is "tucked" away under the seat.

c. If you feel inconvenienced by the dog, discuss the matter with the student.

d. Do not pay any direct attention to the dog.

III. Teaching Methods

A. General

1. Do not presume the visually handicapped have less knowledge of the external world than the person of normal sight.

-- The visually impaired are usually only limited in sight. They do not necessarily have other impairments. Therefore it is not necessary to presume they have less knowledge of the external world than others. The visually handicapped will often demonstrate a remarkable knowledge of things which are generally thought to require sight.

2. Do not presume the visually impaired is a genius because he or she shows some unexpected knowledge.

-- Unexpected knowledge should not be mistaken for special insight. Regarding the blind person as someone special can impose a strain upon both the teacher and the learner.

3. Do not assume the role of counselor.

-- The visually impaired have most likely gone through a process of rehabilitation with a trained psychologist. Your expertise is primarily in the specific area of your teaching. Offering psychological counseling could create an unhealthy dependency.

B. Specific Suggestions

1. Use particular words.

--Avoid terms such as "there" or "that." Do not say, "The book is over there." Rather say, "The book is on the table."

2. Use the clock method for directions.

(See diagram on page 109.)

Bookcase - 1 o'clock
Door - 2 o'clock
Sofa - 4 o'clock
Window - 6 o'clock
Fireplace - 9 o'clock
Telephone - 11 o'clock

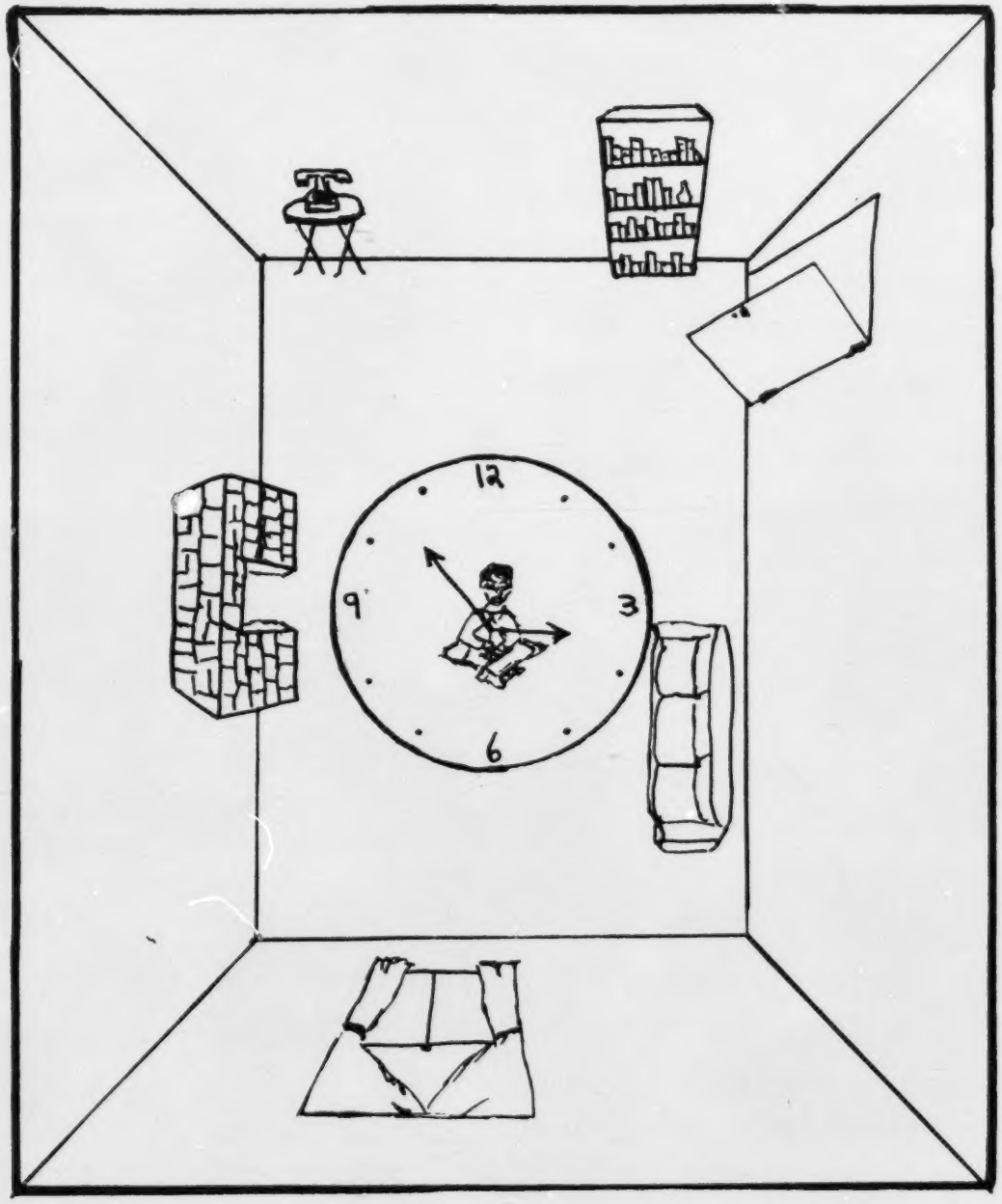


Illustration by
Nancy Carter

3. Speak in normal tones.

   -- The blind are not hard-of-hearing.

4. Allow the blind to lift and carry things if they appear capable.

5. Allow the participants to explore work areas and surfaces.

6. Let totally blind persons know where you are.

7. Follow careful steps in presenting lessons:

   a. Demonstrate the technique.

   b. Explain where the equipment is.

   c. Allow the student to demonstrate knowledge of the location of the equipment.

   d. Watch the student go through a full practice activity.

C. Examples

1. Teaching food preparation.

   a. Explain the layout of the work area.

      -- Be particularly careful to explain the location of all switches, obstacles, and exposed hot plates.

   b. Explain the working of the kitchen equipment: refrigerator, range, dishwasher. Pay particular attention to any peculiarities of operation.

   c. Explain techniques for measuring and pouring liquids or dry goods.

   d. Explain what you are trying to do, giving an overview of the theory and practice.

   e. Describe each step.

   f. See that the students can actually perform each step.

2. Teaching woodworking.

   a. Explain the arrangement of the work area.

   b. Describe each piece of equipment, paying particular attention to the location of switches, exposed blades, and other potentially dangerous items.

   c. Explain how each piece of equipment works.

d. Demonstrate each piece of equipment.

e. Watch the participants go through each stage of operation.

3. Teaching sewing.

Allow the student to explore the equipment and then have him or her operate the machine without a needle. This procedure will insure confidence and lessen chances of accidents.

4. Cutting fabrics.

Take the trainee's finger and trace the pattern, allowing trainee to use the entire hand to explore the position of the material on the table and the position of the pattern to be traced or cut.

5. Working with upholstry.

Let the blind person check the article before it is stripped: the visually impaired lack a photo of the finished article and therefore must be able to somehow visualize from touch what the goal of the upholstry is.

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Casabianca, J. "The Case of Mr. K.: Rehabilitation vs. Institutionalization." New Outlook for the Blind, Nov. 1975, Volume 69, Number 9.

The case of a 65-year-old blind man who came to the Center for Independent Living from a state psychiatric hospital illustrates the problem of blind persons confined to mental institutions merely because they have not been taught the skills for living in a sighted world and because no one is concerned enough to get them out of hospitals and into rehabilitation programs. Rehabilitation also costs less than long-term hospitalization.

Davidson, T. M. "The Vocational Development and Success of Visually Impaired Adolescents." New Outlook for the Blind, Sep. 1975, Volume 69, Number 7.

A review of the literature indicates that visually imparied adolescents are not as vocationally immature as has often been suggested. An effort to combat negative attitudes toward individuals who are visually impaired is recommended.

Delafield, C. L. "Adjustment to Blindness." New Outlook for the Blind, Feb. 1976, Volume 70, Number 2.

Examines various factors that can or should be used to determine adjustment to a disability such as blindness and discusses the need for developing ways to accurately measure the process. It is emphasized that adjustment is a broad concept that embraces many behavior patterns: self-concept, nature of blindness, and the attitudes of significant others. It is suggested that self-concept or self-esteem is the central concern but is neglected.

Dickey, T.W. "Meeting the Vocational Needs of the Older Blind Person." New Outlook for the Blind, May 1975, Volume 69, Number 5.

Statistical data on the desirability of hiring older workers are reviewed, and pointers for vocational counselors responding to employers' objections are presented. The relationship of past work experience to new job possibilities is also explored.

Jernigan, K. "Blindness: Is the Public Against Us." Address delivered at the Annual Convention of National Federation of the Blind, July 1975.

The article emphasizes that it is not blindness itself that causes the main difficulties, but rather social attitudes and cultural heritage which views blind individuals as second class people. "Second-class status and deep despair come not from lack of sight but from lack of opportunity, lack of acceptance, lack of equal treatment under the law, and (above all) lack of understanding." (p. 1)

Jernigan, K. "Blindness - The Myth and the Image." The National Federation of the Blind, Washington, D. C. M.D.)

In this article the author contrasts two opposing views of blindness: one that considers it a tragedy evo ing pity, the other, as a physical nuisance which need not prevent productive functioning. Condescending social attitudes are discusse and satirized.

Jernigan, K. "Blindness: Of Visions and Vultures." Address delivered at the Annual Convention of the National Federation of the Blind in Los Angeles, July, 1976.

The speaker addresses the issue that the major problem of blindness is not the blindness itself, but rather the negative attitudes and misconceptions of the public. Many specific examples are used. Equality is the principal focus.

Jernigan, K. "Disability and Visibility: Uncle Tom, Blind Tom, and Tiny Tim." National Federation of the Blind, Washington, D.C. (N.D.)

In part this article is a critique of a 1969 article by Leonard Kriegel entitled, "Uncle Tom and Tiny Tim: Some Reflections on the Cripple as Negro." Jernigan analyzes the underlying defeatism and pessimism of the article, and advocates more awareness and active participaition in the consumer movement, in this case the National Federation of the Blind.

Jernigan, K. "To Man the Barricades." National Federation of the Blind, Washington, D.C. (N.D.)

This article is a plea for blind consumers and committed sighted persons to become activists in fighting for autonomy and respect as adult human beings. The author speaks out angrily against society's condescension and paternalistic attitudes. Government agencies, research grants, and simplistic publications receive most of his sarcastic attack.

Thomas, B. "Environmental Education for the Blind." Instructor, May 1977, Volume 86, Number 9.
The author describes specific activities which involved blind and multiply-disabled students in outdoor adventures and skills development.

Wacker. C. H. "Where Are They Now? Toward More Effective Vocational Goal-Setting for Blind Adults." New Outlook for the Blind, Jan. 1976, Volume 70, Number 1.

Data from 211 blind 18-66 year olds who had participated in a rehabitation program show that 133 job placements had been made and that 56 of these were in competetive employment. Several findings about client motivation, self-confidence, and vocational goal-setting are presented.

Warren, D. H. "Blindness and Early Development: What is Known and What Needs to be Studied." New Outlook for the Blind, Jan. 1976,

Points out the deficiencies of research into the comparative development of blind and sighted children and some of the reasons for these deficiencies. The kinds of research that have been done in perceptual-motor, cognitive, language, social, and personality development are discussed, and the kinds of research that should be done are described. Reasons why other research into early development of blind children has not been done are also discussed.

APPENDIX

VISUALLY IMPAIRED

SOME RESOURCES FOR VISUALLY IMPAIRED AND BLIND PERSONS IN THE WASHINGTON METROPOLITAN AREA

Rehabilitation Planning and Training

Columbia Lighthouse for the Blind
1421 P Street, N.W.
Washington, D.C. 20005
462-2900

District of Columbia
Bureau of Rehabilitation Services
122 C Street, N.W., Room 312
Washington, D.C. 20001
727-0907

Maryland Dept. of Vocational Rehabilitation
Prince Georges County
5809 Annapolis Road, Room 306
Bladensburg, Maryland 20710
864-5678

Maryland Dept. of Vocational Rehabilitation
Montgomery County
Beltway View Office Building
6110 Executive Blvd., Suite 150
Rockville, Maryland 20852
881-1796, 881-1770

Virginia Commission for the Visually Handicapped
206 North Washington Street
Alexandria, Virginia 22314
549-0360

Area Resources cont'd.

Library Services

Library of Congress
Division for the Blind and Physically Handicapped
1291 Taylor Street, N.W.
Washington, D.C. 20542
882-5500

District of Columbia

Martin Luther King Library
Special Services, Room 215
901 G. Street, N.W.
Washington, D.C. 20011
727-2142

Maryland

Montgomery County Dept. of Public Libraries
Services for the Physically Handicapped
99 Maryland Ave.,
Rockville, Maryland 20850
301-279-1679

Prince Georges County Memorial Library
Division for the Visually and Physically Handicapped
6532 Adelphi Road
Hyattsville, Maryland 20782
779-9330, ext. 32

Virginia

Arlington County Public Library
Talking Book Service
1015 N. Quincy Street
Arlington, Virginia 22201
703-527-4777

Alexandria Library
Talking Book Dept.
3600 Commonwealth Avenue
Alexandria, Virginia 22305
703-750-6357

Fairfax County Public Library
John Marshall Branch
Talking Book Service
6209 Rose Hill Drive,
Alexandria, Virginia 22310
703-971-0030

Low Vision Clinics

Low Vision Clinics
Georgetown University Hospital
3800 Reservoir Road, N.W.
Washington, D.C.
625-7386

Low Vision Clinic
Medical Faculty Associates
Ophthalmology Dept.
2150 Pennsylvania Ave., N.W.
Washington, D.C. 20037
676-4056

Low Vision Aid Clinic
Sibley Memorial Hospital
5255 Loughboro Road, N.W.
Washington, D.C.
537-4591

Prevention

Prevention of Blindness Society
1775 Church St., N.W.
Washington, D.C. 20036
234-1010

Radio Service

Washington Ear, Inc.
10111 Colesville Road, Rm. 12
Silver Spring, Maryland
681-6636

Volunteer Groups and Programs

Volunteers for the Visually Handicapped
4405 East-West Highway
Bethesda, Maryland 20014
652-4347

Volunteer Braille Services
3955 Macomb Street, N.W.
Washington, D.C. 20016
966-5880 - Wednesday mornings

Recording Service for the Visually Handicapped
Box 511
Falls Church, Virginia 22046

Recording for the Blind
4000 Albemarle Street, N.W.
Washington, D.C.
244-8990

Venture Program
YMCA
17th and Rhode Island Ave., N.W.
Washington, D.C.
9 a.m. - 12 noon, Saturday, recreation
441-1177

AIDS AND APPLIANCES, EDUCATIONAL SUPPLIES

American Foundation for the Blind
15 West 16th Street
New York, New York 10011
212-924-2219

American Printing House for the Blind
1039 Frankfort Ave.,
Louisville, Kentucky 40206
502-895-2405

Volunteers for the Visually Handicapped
4405 East-West Highway
Bethesda, Maryland 20014
652-4347

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